CHAPTER ONE

INTRODUCING RESEARCH AND THE ELDERLY

1.1 BACKGROUND

As my grandfather, Frans Lotz, said: "We all want to live long, but none of us want to grow old." To put it another way:

Age does not make us other than who we have been ... The end of life poses challenges to be faced in whatever ways we usually face challenges ... Age does not change us, it refines us, though, like fire ... In age you will likely be what you have already become, only more so.

(Glaz 2000:243)

The inspiration to this study arose out of my love and appreciation for older people. In them I see the wisdom and the knowledge of a lifetime. However, I also see how their voices are silenced by a community which believes that youth and productivity are the essence of (western) culture while old age is associated with dependency and uselessness.

Around forty, we suddenly realise that death is not optional. Becoming older is a reality and the benefits of "being young" slowly turn their back on us. Today old people in western society are no longer regarded only as role models, but they act as a scary reminder of the reality towards which all of us are heading. This is one of the reasons why I chose this topic for my research, but it is not the main reason.

All my life I have had a soft spot for older people – some of my best friends are men and women with grey hair and soft eyes whom I respect for the way they have lived their lives. I adore them for the ways in which they experienced hardships and pleasure and still managed to stay so graceful and always thankful to God for giving them a full life.

Talking about the later years of life inevitably means an acknowledgement of and a preparation for increasing (physical) limitations, pain and death and it creates a need to put one's affairs in order. Generally this is the view of ageing that dominates gerontology. This view reflects, in the main, the stigmatisation of ageing and perpetuates a view of the elderly that, however well

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intended, emphasises loss and victimisation rather than change and development (Glaz 2000:227).

Deconstructing (the term "deconstruction" is discussed in more detail in Chapter Two) the public discourses that shape our understanding of being old and changing how the process of ageing is understood can give elderly people back their voices – we can make them visible again. If they have a voice, they have an opportunity to tell their self-narratives, and to pass on to us something of the wonderful richness of human experience into advanced age. On the road to becoming ancestors, they have lived well and thoughtfully, with dignity and force, making their own ageing respectable, even though they live in a culture with little respect for those who become old.

My involvement with elderly people began with my serving as a deacon of the Dutch Reformed church in an old age home in the area where I live. The residents of the home come from all over the country and some of them are lucky to have relatives or children nearby who come to visit or take care of them when they are ill. Some of them, however, do not see their children often – and some do not have children at all. They are like orphans, neglected and left there in a small room, to deteriorate and eventually die – their opinions are no longer acknowledged, their bodies no longer admired, their voices no longer heard. I find this very upsetting. They too are alive, like me, even if their skin is wrinkled and their movements are slow and they love talking mainly about their memories. The community they have served for many years no longer honours them – they are regarded only as a burden to society.

As people age, they risk becoming isolated and 'dis-membered' from their community and loved ones. Apart from the other inevitable losses of old age, people often lose the surroundings familiar to them, as well as a sense of control over their own lives. As soon as their health deteriorates so much that they cannot look after themselves any longer, they are often moved out of the former homes and communities to a place where they can be cared for. Sometimes they do not have much of a choice.

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¹" In this study narrative terms such as "dis-member", "re-member", "re-tell", and others are hyphenated to emphasise that these terms refer to conscious and subconscious human acts with strong positive or negative effects on people's perceptions of themselves and are not used in their normal sense.

On some occasions when I arrive at the home, one more of the old faces is just gone, and a few months later I am told that he/she has passed away. In the tearoom, after the sermon on a Wednesday morning, I watch them closely and wonder: "What is it that makes the 95 year-old lady look as if she is 65 and the 68 year-old look as if she is 90? What has happened to them to make them what they are?"

Quite recently I had the experience of watching my parents move away from the farm where I grew up and where they had stayed for 40 years. They moved to a beautiful little cottage in a retirement village. Although I am very happy that they are now more safe and secure, it was difficult to watch them let go of more than just the piece of land they loved so much. They were growing older and it was as if my mind would not accept it. Illness has taken its toll and their strength is declining. Once my father's working day started at five o'clock in the morning when the cows were milked, and he only returned inside when it became dark outside, sometimes in bitter cold or rain with his hands cracked and numb. My mother used to be a bookkeeper in town. In the mornings she took us to school, to school activities in the afternoons, then cooked and then still sat up behind the sewing machine at night to make us clothes. Their strength and energy seemed boundless. They could handle any emergency: we always knew that everything would be fine because they could cope with the world.

My husband's mother, who used to do the finest artistic needlework, can hardly see these days and "knits in braille", as she calls it. Currently she enjoys her favourite hobby, reading, only by listening to audiotapes, because she can no longer see well enough to read. She is widowed and, although she has adjusted to the death of her husband and continues to be fully involved in life, her understanding of herself and her social roles (such as wife and mother), have changed and no longer define who she is within the larger social system (this process is also discussed by Stevenson-Moessner 2000). As women lose relationships that have given their life primary meaning or they lose bodily strength or functions that have given them a sense of agency, there is a risk that those experiences will overpower a more positive sense of self (Cozad Neuger 2001:222).

Seeing all this happening, and in a way, denying what was happening to my parents and also to myself, I ended up with a lot of questions, such as these: How much does old age really take away from people? Does ageing only change their/our bodies or does it change their/our vision too? What happens to relationships in old age – do they deteriorate or deepen? Did I, like a lot

of other people, fall into the trap of just pitying them for getting old without understanding the realities of later life? Did I also overlook the wonderful richness of human experience and the potential contribution of elderly people in a forever-young worldview? What can be done to keep their legacy alive for the children in our country?

The more I thought about these questions, the more I knew that the only way to answer my queries would be to talk to elderly people and ask them about the things only they can answer. The only way to keep them young and forever alive is to keep their stories alive, to sit beside them and record how they take stock of what they have done, of who they have become, and of what they want us to inherit and take along with us as their legacy. We also need to face our own fears of ageing and of dying so that we are unafraid to move through the process with others.

To listen to their stories is a way of making the elderly visible, as Butler (quoted by Glaz 2000:233) remarked: "... remembering and telling stories about one's life further strengthens the senior's capacity to feel positive about him/herself and prepares the person for the last years of life and eventual death."

1.2 MY COMMITMENT IN THIS STUDY

Since I have become aware of the special feeling I have towards elderly people, I have looked at them differently. I curiously watch them walk across the street and wonder through what eyes other people may see them and through what eyes they see themselves.

I realised that I must let society know that there are a lot of wonderful people in our midst who are silenced and disempowered by the discourses about old age. These discourses constitute a fixed identity to elderly people. A negative public image of the elderly has become a norm, pathologising old age as a social problem (Wang 1999:189) and obscuring the realisation that there is a lot we can learn from the elderly and their legacy.

On the one hand, I felt I both wanted to and could shift people's mental images of and attitudes towards older people. On the other hand, I wanted the elderly to speak out for themselves to make that shift possible. This could only be done if they told their stories, a process which

would also enable them to rediscover their preferred identities. As Walmsley (1995:72) pointed out, "reclaiming one's history is an important step in understanding and learning to celebrate one's identity. Reclaiming that history is important in enabling people to set their lives in a broader context and to comprehend them; it is a step toward empowerment".

The negative image of older people provides a focal point of resistance to those members of the population who are ageing. Older people can play a role, not only as passive but as active participants, shaping and reformulating the representation of the elderly in public discourse. Foucault (1982) portrayed the relationship between power and resistance in his power/subject/resistance/model as a series of never-ending struggles. Here one must look especially at the positive aspects of power and resistance that improve people's lives. Foucault also portrays a new form of power, one that is not repressive but promoting, cultivating and nurturing (Miller 1987). Foucault (1979:36) describes this positive kind of power as a power that

produces things, induces pleasure, it forms knowledge, it produces discourse; it must be considered as a productive network which runs through the entire social body much more than as a negative instance whose function is repression.

This power relies on active participation in the discourse offered, but is not something to be possessed; instead it is a phenomenon that is exercised in social relations. In my attempt to empower elderly people, I hope that power will produce "truths" for them and not hide "the truth" from them.

As I worked on the research proposal, more and more questions arose and I decided to look at them, as I went along. Like other students before me, I also wondered about my contribution to the field of practical theology and pastoral praxis. How would pastoral therapy be enriched by this contribution? Would I be able to create a community of concern for those already marginalized and prevent others from going the same way by painting a different picture of being old based on what I witnessed as I listened to them? If theorists have missed the real importance of early childhood because children cannot speak for themselves, it is just as likely we could miss the reality and importance of ageing because we do not care to listen to the elderly (Glaz 2000).

1.3 RESEARCH GOAL

Anderson and Goolishian (1988:372) describe therapists who work with a narrative approach as conversational artists. As a conversational artist I wanted to open up a conversational space where elderly people would be able to show to me the stories of their lives by telling and re-telling their experiences as young and middle-aged people, as well as re-telling their experience of the most recent segment of their lives. Working from a narrative approach, I am also concerned with deconstructing fixed negative images around old age to reconstruct positive preferred identities, with providing a new framework in which the elderly can find ways to help themselves and each other, showing what they would like other people to learn from them, and with finding ways in which they can stay visible.

1.4 PURPOSE OF THE STUDY

I wanted to establish a counter-discourse to or at least bring about a transformation in the negative discourses on ageing. Talking to elderly people and hearing them might lead to resistance to the effects of the negative image of old age. In the process of deconstructing these discourses and of identifying older people's preferred identities, I planned to make old age and elderly people more visible.

My purpose with the study was to emphasise adjusting, adapting and just getting on with a different stage of life called old age (or whatever the elderly prefer to call it).

My purpose was not so much to emphasise loss, dying and grief. I talked to individuals (men and women), about their experiences and hoped to eventually bring them together in a group to talk to each other about who they have been or who they desire to be, to help them resist the narratives of devaluation emerging from their society. I wanted to help them to make themselves visible. The research aims of making the elderly visible were identified as set out below.

1.5 RESEARCH AIMS

For the purposes of the study, I formulated these aims for the study.

The first aim was to explore with the participants how their identities and self-narratives are shaped by discourse regarding ageing in the society. The second aim was to co-construct preferred identities with the participants by telling their stories and by means of this participatory practice deconstruct oppressive dominant discourses in their lives. The third aim was to explore appropriate, preferred pastoral care and counselling practices for participants.

1.6 CONCEPTUAL FRAMEWORK

This following section illuminates the discursive basis of the research approach.

1.6.1 Discursive position

During this research journey I positioned myself within a post-modern discourse. A post-modern discourse provides a new way of accepting that there are multiple representations of events. Language, metaphor and discourse, the central elements of post-modern epistemology, can provide new ways to expose competing meta-narratives. Jennings and Graham (1996:169) argue that, according to the postmodernist view, truth is relative. There are no "final" stories, but each story reflects our own way of organising and understanding the social world (Jennings & Graham 1996:169). A post-modern world view includes an acknowledgement of discourse or discursive practices. Gee (quoted in Jennings & Graham 1996:171) describes discourses in the following way:

Discourses are ways of behaving, interacting, valuing, thinking, believing, speaking, and often reading and writing that are accepted as instantiations of particular roles by specific *groups of people*.

Discourse or discursive practices, as a central element of post-modern epistemology, also play a constitutive role in generating an individual's subjectivity (Davies & Harré 1991:43). Within post-modern discourse an individual "is seen as occupying different positions within discursive practices, positions which are produced by the power/knowledge relations of particular discourses" (Jennings & Graham 1996:170). During this research I was concerned about the

discursive positioning of the elderly – I was curious about whether the elderly experienced dominant discursive practices as valuing their contribution to society or whether they felt a need to question dominant discourses in an attempt to co-construct alternative identities or subjectivities of the elderly.

For me making visible the elderly was a way of "doing theology" (Bosch 1991:424). This research project was also concerned with contextual practical theology and pastoral care and I therefore also discuss contextual theology and feminist theology below as discursive positions influencing pastoral care given to the elderly.

1.6.2 Contextual practical theology

Contextual practical theology "seeks transformation of unjust social structures and of the attitudes and policies which perpetuate and reinforce them" (Cochrane, De Gruchy & Petersen 1991:10). Contextual theology is a practical theology of social transformation (Cochrane et al 1991:3) and its main interlocutor is "the poor or the culturally marginalized" (Bosch 1991:423). For the purposes of this study, the conversational partners within the contextual practical theology approach are the elderly, who have been mostly culturally marginalised by dominant discourses such as ageism.

With the emphasis on "doing theology" (Bosch 1991:424) within a contextual approach, Cochrane et al (1991:15) claim that no one does theology from a position of theological neutrality. Contextual practical theology therefore places an emphasis on "commitment ... more specifically, commitment to the poor and the marginalized" (Bosch 1991:424). My commitment during this research project was to the elderly, who are invisible within dominant (western) cultural discourses.

This commitment to those who are marginalised and their experiences has also allowed me to be guided by feminist theology, which is concerned with exposing unvoiced and repressed dimensions of experience. In exposing unvoiced experiences feminist theology envisages transformation – transformation which means "turning around, going in the opposite direction, a movement from dualism to relationality, from separation to mutuality" (sherwood & McEwan 1993:11).

1.6.3 A feminist theology of praxis

Pastoral practice is a key agent in communicating theology to the world, but also a potential channel for theological revision in the light of experience (Graham 1996a:129). Feminist pastoral practice emphasises activities in the recovery and naming of women's experiences and needs which have been undervalued, misinterpreted or pathologised by the patriarchal church. Thus the naming of women's needs and experiences serves as a disclosive practice in that it reveals the distortions and universalised prescriptions of androcentric pastoral practices and serves to reorder the fundamental values of such practices toward a celebration of the complexity of human nature (Graham 1996a:193). However, feminist theology is not only a corrective to universalising androcentric experience, but also a plea for all theological discourse to recognise itself as situated, or, as theologians term it, as *contextual*.

A feminist theology of praxis seeks a political understanding of truth and theory and recognises the task of describing the relationship between God and humanity as intrinsically a historical and practical act. Theological statements contain as much truth as they deliver practically in transforming reality. Theory and praxis can be understood only in their unity, which means that truth is not something that we find or by which we are found, but something that we make true (Solle 1975:76).

One of the aims of feminist theology is to construct a theological discourse which is informed by the needs of those who experience discrimination and oppression. My reason for choosing a feminist theology of praxis as my preferred discursive position is that it takes as its starting point the experience of women and men and their interaction with each other and with society as a "source from which to do theology" (sherwood & McEwan 1993:35). Feminist theology of praxis is an exercise in accountability which implies an acute awareness of injustice, a hearing of and identifying with the voices from the outer circles and a passion for change (Ackermann 1996:34), not for the benefit of women only, but to mend God's creation all over. Feminist theology's acute awareness of injustice therefore also allows me to challenge the injustice and marginalisation that elderly people are exposed to.

Our theology is, to a large extent, moulded by the communities of accountability we are responsible for, be they religious, social, cultural or political. These communities shape our identities and our theologies. In this specific case it is the community of elderly people who call

on my accountability and it is on their behalf that I must take a theological stand (see also Section 1.6.1). Like Ackermann (1996), I would argue that a feminist theological perspective proposes that the mending of creation rests on a transformation of our relationships with ourselves, with one another, with God and our environment, as well as a change of those social structures that perpetuate separateness among people – in this case, marginalising older people into a social and economically "different" group. From Scripture we learn that God bestows unconditional dignity and value on all human beings, irrespective of and prior to any personal achievements. God reveals through Jesus a special concern for those whose human value and dignity are denied by society – those who have been excommunicated from society – the widows, the orphans, the strangers – and the elderly (Rossouw 1993:903).

My ethical responsibility is to help create a world where individual dignity and integrity are honoured, where life-giving power replaces life-denying power and people are enabled to accept their humanity joyfully – even if they are old (sherwood & McEwan 1993:134). For the purposes of this study, I therefore chose a feminist theology of praxis as epistemology because I believe that this paradigm was the most appropriate to meet the aims of the study and to make the elderly visible.

1.7 RESEARCH APPROACH

As I have already mentioned in Section 1.6.1, I positioned myself as a researcher within a post-modern epistemology. A post-modern paradigm brings with it a number of alternative ways of investigating and understanding social science that differ from modernist research methods. My acceptance of post-modern sensibilities, capturing the individual's point of view, examining the constraints of everyday life and securing rich descriptions reflect the nature of the qualitative approach to research which I applied in this study.

Denzin and Lincoln (1994:4) define qualitative research as

an emphasis on processes and meaning that are not rigorously examined, or measured (if measured at all), in terms of quantity, amount, intensity, or frequency. Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry. Such researchers emphasise the value-laden nature of enquiry. They seek answers to questions that stress how social experience is created and given meaning.

This research project was a narrative inquiry (Clandinin & Conelly 1994:416) into the lives of the elderly. Clandinin and Conelly (1994:416) suggest that a narrative inquiry acknowledges that "people by nature lead storied lives and tell stories of those lives, whereas narrative researchers describe such lives, collect and tell stories of them, and write narratives of experience". Qualitative researchers and post-modernists share and examine "narrative" as a useful form of discourse. Narratives help to communicate meanings, project a voice, provide multiple perspectives and can provide future possibilities (Jennings & Graham 1996:178). According to Ballard (1994:22), "[s]tories are as important, relevant, valid, meaningful and generalisable as any other writing that is referred to as research". By using some of the tools of deconstruction developed by Derrida (Jennings & Graham 1996:178), qualitative research can examine the text/narrative by seeing text as a contested terrain.

The message about the nature of society that researchers get is one of knowledge and power, conflict and contradiction arising from power relations which produce subordination. Qualitative research should be concerned with deconstructing authoritative voices – those who speak for and on behalf of others (Jennings & Graham 1996:178). By using post-structuralist approaches a researcher can deconstruct dominant discourses which silence non-dominant voices by controlling power and abusing power relations. Through my research, dominant discourses around ageing and elderly people were deconstructed and the complex workings of power and oppression were addressed.

Power informs knowledge and produces discourses – and therefore action research constitutes its own discourse; it has its own particular narrative or story, with its own rules and metaphors. For Foucault (1980), power is associated with practices, techniques and procedures. Power is relational, not a possession; it is exercised rather than held and it is not limited to a central point. Understanding power as a relational activity widens the scope from the 'who' and 'why' questions to questions of 'how'. This creates spaces for new dialogue and conversation (Jennings & Graham 1996:174). Questions such as "How did that influence your way of seeing yourself as a good mother?" or "How did you manage to survive such hardship and struggle?" were used during conversations with participants in my research to create space for much-needed change and in that way contributed to the action research process.

This study attempted to listen to the experiences of elderly people through narratives. Having an audience for their stories invited them to portray their lives and the contexts in which their

lived experiences took place. I did not consider predetermined categories of experience important. This decision was rated as participatory knowledge that assisted in displacing some of the subjective beliefs and discourses that dominate the social sciences. Participants in the study had an opportunity to rewrite their own preferred life stories and choose their preferred identities in naming this stage of their lives. By telling their stories against a historical background, the social actors could see both the constraints and the potential for change in their situations (Lather 1991:63).

1.7.1 Participatory action research

Participatory action research is one of a few kinds of action research that have been described in the literature. McTaggart (1997:29) refers to participatory action research as a type of research which emphasises authentic participation. Participation in research includes an egalitarian relationship between the researcher and the participants, where the perceived boundaries between the knower (the researcher) and the known (the participants) are transcended (Heshusius 1994:16). Reinharz (1992:181) mentions that one way to achieve an egalitarian relation is to adopt an approach of openness and mutual disclosure. During this research journey I was motivated to make the relationships with the participants equal and I regularly implemented participatory practice of sharing personal information. (see Chapter 3).

Authentic participation during research also includes participation in the way research is conceptualised, practised and used in facilitating change. It stands in contrast to doing research *on* people, making them objects of the research:

Participatory action research is research that treats people as autonomous, responsible agents who participate actively in making their histories and conditions of life ... It does not treat people as objects for research, but encourages people to work together as knowing subjects and agents of change and improvement.

(McTaggart 1997:39)

Although I had specific research aims, I opened up conversational space for the research participants, allowing them to tell their stories freely. For me this was a way of making the research process more participatory.

Participatory action research which aims at treating people as "autonomous, responsible agents" is very much in line with my research purpose of making the elderly visible.

Participatory action research serves as a challenge to dominant discourses such as ageism, by acknowledging the worth of the elderly people's presence and life wisdom and therefore rather doing research *with* people" (Kotzé 2001:28) than doing research *"on"* them" (McTaggart 1997:29).

Searching with people invites them into the process of research or, rather, begs them to invite us into their lives to participate with them in their quest for what they see as important. As guests in their lives, we do have ideas and concerns, but these can only be raised in our capacity as guests and not as powerful proprietors checking on "our property".

(Kotzé 2001:28)

Through participatory action research, the knowledge and worth of the elderly are valued and acknowledged, decentring the role of the researcher (and in my case, my opinions and views of old age seen from the perspective of a younger person).

Participatory action research is concerned with ensuring that unheard voices are given expression (McTaggart 1997:14), and in this case giving a voice to and making visible the elderly, whose voices are usually silenced by dominant cultural discourses. In line with the notion of allowing a voice to unheard voices, McTaggart (1997:6) also claims that participatory action research "aspires to communitarian and egalitarian politics". When the research aims not only to improve the participants' level of empowerment and self-confidence, but also to change the system itself or the conditions which impede desired improvement, Zuber-Skerrit (1996) refers to it as emancipatory research. To engage in critical post-modern research is to take part in a process of critical world-making, guided by the shadowy outline of a dream of a world less conditioned by misery, suffering and the politics of deceit (Kincheloe & McLaren 1994:154). This research journey was concerned with challenging/questioning dominant oppressive discourses regarding ageing and with empowering elderly people to construct their own preferred narratives of ageing.

Within the context of participatory action research, I see myself as an interdependent participant in a research project where the meaning and information were generated by the elderly people's stories. Being a participant in this research project instead of being an outside "objective" observer opened up the possibility for me as the researcher also to be changed through my participation. Reinharz (1992:194) acknowledges that such changes or learning can happen at three levels: "[T]he researcher would learn about herself, about the subject matter under study, and about how to conduct research." It is therefore also necessary that I

reflect on myself as researcher and the changes that I experienced throughout the research process (see last chapter).

In the next section I elaborate on how this research process was co-constructed between the participants and myself.

1.8 A RESEARCH JOURNEY

In this section I provide an outline of the steps followed in the research journey.

Step One - Identifying the participants

I had been working with elderly people in a retirement centre for about three years when I decided to embark on this project. It is part of my responsibilities as a deacon in the church to attend a sermon held at the centre every Wednesday morning. There are 40 elderly people at the retirement centre. Their ages range from 64 to 92. I had previously also had the responsibility of paying visits to lonely and elderly people in our congregation who are still living in their own homes. To find potential participants was thus very easy, but to invite only a few of them to participate was quite difficult.

I decided to use the birthday list to identify the older participants I would invite to join the research study. So I identified a 92-year old woman and an 84-year old woman. The men are by far in the minority so their numbers restricted me. I identified a 69-year old man who had been staying at the retirement centre since I had become involved with this particular old age home.

To be in an institution like an old age home is quite different from living on one's own home with access to all one's usual activities. Therefore I thought it would add diversity to the research stories also to hear the stories of some people living outside the old age home. A well known elderly real estate agent, Pam Golding, who recently moved into a big house, instead of going smaller, claimed in an interview on television (SABC: April 2002) that shrinking one's environment, also shrinks one's thoughts. That is why I decided to talk to two elderly people living in a comfortable house in a security complex.

I invited five people to become participants in this research process. Before they committed themselves to become participants, they were informed clearly about the research journey and reasons for their required participation. Any questions they had around the reasons for and the research process itself were answered. A consent form (see Appendix A) was given to each participant and he/she could complete it in his/her own time.

Step Two - Approaching the participants

I went out with my bag, my pen and paper and a tape recorder one morning to just "quickly" introduce myself to the people I wanted to talk to and to explain to them what the research was all about. I came back four hours later and I had only introduced myself to two of them. I realised that this was not going to be "quick" – after all, how could I expect them to relive all those years in just a few minutes? I wanted them to participate in my research by talking and telling their stories and for that to happen I realised I would need a lot of time, because there were many stories.

I visited each of the participants in their rooms separately, trying to respect their privacy. I told them a little bit about myself and my studies and explained to each one the preliminary aims of the project as well as how we were going to talk about their lives and the important things they wished me to know. Because two of the participants had hearing impairments, I had to explain it all more than once. I made appointments with all the participants to visit and talk again – this time about a lifetime's wisdom which they wanted to share with me.

Step Three – Life stories re-told

The initial visit seemed to be too short to tell a lifetime's stories and I returned for a second time. One of the participants, Emma, saw me in the passage one day after the Wednesday sermon and she called me and said: "Oh my dear, you have to come visit me again – that talking of yours the other day just jolted my brain. I now have lots more to tell you!" So I went back for another visit and we talked and talked.

Each time I started a conversation, I asked permission to use the tape recorder, as it was not possible to remember all the detail. I found that the participants were very specific about the dates and times of events. One discourse about the elderly is that they do not have good

memories, and I was surprised to hear how accurate they were, recalling exact dates and times.

I also made a lot of notes as they spoke. Initially I allowed the conversations to flow naturally, but then I realised that I would have to structure them in some way, if we were to proceed with the stories. If I had not done so, we would have continued to talk about only one topic the whole day long. Although everything in every story the participants talked about was an aspect of their lifestories, some parts were primarily anecdotes that portrayed the background to some dominant events and happenings from their richly described multiple life stories. I thus compiled some guidelines, which I wove into the conversation to prevent us from travelling from Italy to Swaziland without getting home again. These guidelines are set out in Appendix B.

True to a post-modern approach and also to participatory action research, the goals and aims of the study were continuously borne in mind and discussed with participants to ensure power sharing and a mutual learning process for everyone involved.

After each visit I went home and transcribed and summarised the recorded conversations.

Step Four - Listening to life stories

Telling stories breaks the silence which blankets the lives of marginalized and oppressed people and is thus intrinsic to the healing of our diverse communities. A self-narrative is an individual's account of the relationship among relevant events over time, a way of connecting coherently the events of one's own life (Laird in Ackermann 1996:48). Witnessing lives by listening to these stories allowed for a reclamation of dignity. Through listening we can authenticate the reality, meaning and importance of the stories of these elders' lives.

My narrative approach guided me in inviting and listening to the participants as they re-told their life stories. I always bore in mind that the client is the expert of his/her own life story (Anderson & Goolishian 1992:29). This implies that as a therapist I had to move away from an expert role and had to view the participants as the experts of their own lives. This also meant that the questions I asked needed to be questions "born of a genuine curiosity for that which is 'not-known' about that which has just been said" meaning that I took a "not-knowing" position (Anderson & Goolishian 1992:29). When I came across a problem-saturated story (Morgan

2000:13) I externalised the conversation by separating the problem from the person. Then we communicated to find unique outcomes, which are events that stand against the problem's influence (Morgan 2000:51). From there it was always exciting to experience how a new and different alternative story emerged. The alternative story was usually "anti-problem" and touched on previously unidentified skills, abilities, competencies and commitments of the person (Morgan 2000:59). In order to enrich and thicken the alternative stories, we had a lot of pleasant re-membering² conversations which the participants liked particularly (Morgan 2000:78). (See also re-membering, Step Six).

As therapist/researcher I acted as conversational artist to deconstruct and reconstruct people's stories by searching for other stories or other meanings for stories. Conversations focused on the stories of elderly people, about their experience of ageing and how they would have preferred to be looked at, as well as suggestions on how to keep elderly people more visible. Important factors that I bore in mind during our conversations were the following. Firstly, I believe it is very important to make the context a safe place to tell one's story – I gained the trust of the participants by assuring them of the confidentiality of the process. Secondly, the "problem is the problem, the person is not the problem" (Morgan 2000:17). This motto of narrative therapy reminded us to separate the person and the problem by taking apart (deconstructing) the beliefs, ideas and practices of the culture in which the person lives that are serving to assist the problem story (Morgan 2000:45). Thirdly, I was always aware of the need to be transparent (open about why I am saying what I am saying), accountable and reflexive (reflecting on and questioning my own actions in order to deconstruct my power as a researcher) (White 1991). In the fourth place, conversations attempted to move towards a participatory mode of consciousness. According to Heshusius (1994:16), that is the awareness of a deeper level of kinship between the knower and the known. A participatory mode of consciousness requires an attitude of profound openness and receptivity towards the participant.

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² Re-membering conversations involve people deliberately choosing who they would like to have more present as members of their club of life. The term re-membering is not just about recollecting or being reminded. (Morgan 2000:77).

The last factor was that certain points for discussion were envisaged, but I had to bear in mind that the research agenda could not really be determined beforehand.

Step Five – Creating a context of reclaimed dignity

One of the main aims of my research was to initiate the coming together of elderly people in a group at the old age home or in our church to form a "community of concern". Creating a "community of concern" is an attempt to provide a context in which residents can get a different glimpse of the people with whom they are living. Here, younger relatives of elderly people as well as younger people from the community can, in collaboration with the seniors, make a contribution towards making and keeping the elderly more visible. The knowledge of the participants as well as co-constructed knowledge can now be applied to support these people in this particular stage of their lives and can be passed on to a generation moving towards old age. All this will contribute to the nurturing and strengthening of the ties that bind a religious community and will help to sustain a relational network. Gerkin (1991:118) calls it "moving toward becoming 'at home' with fellow Christians – 'at home' both in the sense of having found a place where their religious needs and desires may be focused, and in the sense of having found a network of human relationships in which they feel secure and valued".

Although this step was not fully implemented, it has already been suggested to the residents and we all look forward to starting the "get togethers" as soon as I have completed my studies.

Step Six – Re-membering

In my conversations with elderly people, I heard about how they spent their nights with the past – going through their albums, looking at old pictures, reviewing their history, touching the sacred objects of their lives. These objects were used to invite participants to re-engage with their histories, re-join with the significant people in their lives and remember that their lives had a purpose that seemed worth pursuing (Andrews 2001:254-255). My role as researcher was to say: "That's really important – tell me more about it." "What happened next?" "What did that mean at the time?" "How do you think that has affected your life?"

In this way I tried to thicken the preferred stories of people's lives to explore what effects they have in the present, and what effects they might have in the future.

Step Seven – Reporting on the research

After I had been given permission to do so by the participants, I recorded their stories, then transcribed and wrote them down to be taken up in the research report, together with the co-constructed information.

The conventions and norms of writing of the research report and how it should be structured have changed, and are continually changing. The work of qualitative post-structural researchers is aimed at reflecting on the different sets of relationships on which the inquiry is based (Winter 1996). In the process of reflecting on collaborative and action-oriented research, a lot of creative options are available for publishing the final report. Expressing and recognising the basis of qualitative research can be seen in the narrative format of writing, which I used in my report, as expression between social relationships and the research process. Narrative helps to communicate meanings, project a voice and provide multiple perspectives. It can provide future possibilities. Style and structure can be both personal and detailed, and yet at the same time offer general significance in that it reveals the process of discovering and journeying (Winter 1996:26).

The process of writing involves clarifying and exploring ideas and interpretations. So writing up a report is "an act of learning, and in this sense, we write for ourselves so that when we read what we have written, we find out what, in the end, we have learned" (Winter 1996:27). The research journey is a two-way process that changes the life and views of the researcher, so that some predetermined content may be brought into the report. "We do not only hear others' stories. We have our own stories to tell. As these stories intersect, they change" (Ackermann 1996:48). Hence,

researchers are not merely consultants, advising others how to change ... we are part of the situation undergoing change. We have no theoretical basis for exempting ourselves from the process we set in motion...we want to change, because we want to learn.

(Winter 1996:23)

This report illustrates power-sharing and an ethical commitment to making the voices of the participants known, as well as to giving them access to knowledge – the research product should benefit the participants directly.

1.9 TRUSTWORTHINESS OF THE RESEARCH AS CARE

To do research and call it trustworthy, the element of care must be sustained. Objectivity is no longer an option, because in qualitative research we want to free ourselves from objectivity, we must let go of all preoccupation with the self and move into a state of complete attention. Heshusius (1994:15) calls it a "participatory mode of consciousness". It is not about defining levels of completeness in research or a relation between truth and interpretation, but about relationality and mutuality (Ackermann 1996:903). That makes us accountable. Relationships are forged, strengthened and expanded to "being with something or someone" not "about" something or someone.

In the context of critical research "trustworthiness" is a more appropriate word to use than "validity", because "validity" implies a rigorous research methodology that follows a strict set of "objective" procedures that separate researchers from those researched. It signifies a different set of assumptions about research purposes and researchers. In an involvement in the action research process, we are not consultants advising others on how to change, nor unchanging catalysts of others' development. We are part of the situation undergoing change: "We want to change, because we want to learn" (Winter 1996:22).

Some criteria to assess the trustworthiness of qualitative research must be borne in mind, as suggested by Kincheloe and McLaren (1994:151). Firstly, qualitative researchers do not believe that research descriptions can portray 'reality' accurately. They reward credibility only when constructions are plausible to those who constructed them – the participants. Secondly, qualitative researchers question external validity, arguing that traditionalist concepts of external validation is too simplistic. Piaget's notion of accommodation seems more appropriate in this context, as it asserts that humans reshape cognitive structures to accommodate unique aspects of what they perceive in new contexts. Thirdly, qualitative researchers advocate catalytic validity, which points to the degree to which research moves those it studies to understand the world and the way it is shaped in order for them to transform it. The research should display the reality altering impact of the inquiry process, so that those under study will gain self-understanding and self-direction.

1.10 CHAPTER SUMMARY

The collaboration between the participants and me was designed to regard everyone's point of view as a contribution to resources for understanding ageism, and no one's point of view was seen as the final understanding of what all the other points of view really mean, as suggested by Winter (1996:22). The report must be regarded as a discussion document where theory and practice are in a dialectic relationship with one another and where possible action strategies are suggested without the recommendation of only a single conclusion, again in accordance with suggestions by Winter (1996:25).

Because the participants co-constructed the report and therefore influenced the format of the report, a conversation format for the presentation of the report was suggested, which entitled all of us to power-sharing and prevented the possibility of silenced voices.

I hope that the research report will be experienced as "post-modern, reader-friendly and multi-voiced" (Denzin 1994:512). I also hope that the value of the research and the report will measure up to the following criterion suggested by Winter (1996:18): "[If] research is to be worth the effort, it needs to offer the possibility of changes in our thinking and practices."

1.11 OUTLINE OF THE STUDY

The content and context of the rest of the research report is structured as follows:

Chapter Two explains social constructions of ageing and ageism.

Chapter Three introduces the participants of the study to the reader and portrays their stories under themes that seemed to be of central interest to all of them.

Chapter Four focuses on the voice-giving process and doing theology. This included pastoral care and counselling, but started with listening to their stories and witnessing their historicity.

Chapter Five includes letters of appeal to the children of the elderly and to professional people as well as reflections on these letters by the children and the elderly.

Chapter Six reflects on the whole research project and on myself as researcher and what happened to me during the research process. It also presents recommendations for practical theology and pastoral therapy.

CHAPTER TWO

DECONSTRUCTING MYTHS AND DISCOURSES AROUND OLDER PEOPLE AND BEING OLD

2.1 INTRODUCTION

In many respects elderly people became the victims of discrimination due only to an accumulation of birthdays and not on any other rational basis. "Ageism" is prevalent in our society and in our media. Young is beautiful, old is ugly; young is fast, old is slow; young is strong, old is decrepit. Seldom do we hear that young is inexperienced and old is wise! (Woods & Britton 1985). Negative stereotypes about older people, their abilities and interests only serve to prevent older people from proving what they can do. Due to the community's ignorance and misconceptions about and disinterest towards old age, the wisdom and knowledge of the elderly remain a vastly under-utilised resource.

Society has become obsessed with being young, resulting in a denial of ordinary dignities and privileges of the elderly as equal human beings. Western culture deflates the value of life experience and inflates the value of youthfulness. Whatever definition of old age is used, the term usually implies some notion of decline, deterioration in health, vitality, social usefulness and independence. This negative view of ageing dominates gerontology, reflecting the stigmatisation of ageing in Western culture and reinforcing a view of the elderly that emphasises loss and results in victimisation.

The central ethical issue arising in work with older people relates to power; older people are devalued and disempowered. It is difficult for the family or professionals such as doctors or psychologists to resist making decisions on behalf of the person, or to resist the use of more or less subtle persuasion to enforce the personal agenda of the family member or professional concerned without even attempting to listen to the older person's own views. Conflicts of interest between older people and their families also create an ethical problem about whose needs should have precedence. Generally, in society, there is a perception that older people's needs take second place compared to those of younger adults and children. If health care

resources are limited, people ask questions about the value of an operation for an older person since he/she will have only a few years to live. The issue of a lack of confidentiality is also a matter of great concern. It is disturbing to realise how often an older person's affairs are discussed with their adult child(ren) without permission from the older person. It sometimes appears that family and professionals think that because a person is over 65, the proper boundaries of respect no longer need to be maintained (Woods 1996:152).

Contrary to popular public opinion, ageing is not a disease and it is not a process of becoming invisible. It is a natural process that involves significant organic, psychological and social changes. It is a psycho-social process characterised by adaptation and re-adaptation to the environment and it can be affected by a person's state of health, the ability to work, competence and feelings of self-worth or self-esteem (Le Roux 1999:127). The word "age" brings about a deep-seated uneasiness on the part of the young and the middle-aged – a revulsion to and a distaste for growing old, with perceptions of disability, fear of powerlessness, "uselessness" and death (Woods 1996:10).

How did it happen that old age has become a subject about which people are so uninformed, such a not-often-spoken-of subject? Can it be that fear of old age lies hidden in all of us, or are we afraid because it reminds us of our own mortality? Can the reason for the evasion of the topic possibly be found in the way people construct meaning socially in the world by means of discourses and therefore constitute certain "truths" that we live by? These questions demand that I look at the socially constructed views and beliefs that surround the subject of growing older and the people we call "the elderly".

2.2 SOCIAL CONSTRUCTION DISCOURSE

The beliefs, values, institutions, customs, labels, laws, division of labour and the likes and dislikes that make up people's social realities are constructed by the members of a culture as they interact with one another from generation to generation and from day to day. The "realities" that each of us takes for granted are the "realities" that our societies have surrounded us with since birth. These realities provide the beliefs, practices, words and experiences from which we constitute our selves. The stories that circulate in society constitute our lives. People construct their realities together as they live them (Freedman & Combs 1996).

According to Gergen (1985), social construction discourse places far more emphasis on social interpretation and the intersubjective influences of language, family and culture and much less on the operations of the nervous system than constructivism used to do. There are no 'essences' inside things or people that make them what they are (Burr 1995:5). The focus is no longer on how an individual person constructs a model of reality from individual experience, but on how people interact with one another to construct and maintain what their society holds to be "true" (Burr 1995:8). The ways in which people understand their world are historically and culturally specific. An understanding of the world depends on where and when in the world one lives. The particular forms of knowledge that abound in any culture are therefore artefacts of that culture, and we should not assume that our ways of understanding are any better than other ways (Burr 1995:4). To put it another way,

[p]eople live, and understand their living, through socially constructed narrative realities that give meaning and organization to their experience. The meanings ... that we attribute to the things, the events and the people in our lives, and to ourselves, are arrived at by the language people use – through social dialogue, interchange and interaction that we socially construct.

(Anderson & Goolishian 1992:26)

When people talk to each other, they construct the world. It is in language that societies construct their views of reality and therefore the use of language can be seen as a form of action – more than simply a way of expressing ourselves. Language constitutes discourse. Discourse can be regarded as the result of imaginative, creative speech that forms worlds and understandings and linguistic domains in which behaviour, feelings, emotions and understandings are communal. So, for example, because of the Western misconception that older people are economically not of much value, elderly people are not included in the community in planning economic development and they are labelled as useless. The skills and resources of the elderly are overlooked and generally people over 60 or 65 are not employed. This capitalist view of economic value ascribed to elderly people is reminiscent of the problematic aspects of the following definition by Parsons of health, which Harrington cites and criticises:

Health may be defined as the state of optimum capacity of an individual for the performance of the roles and tasks for which he has been socialized.

(Parsons cited in Harrington 2001:2)

Harrington (2001:2) reflects on the above definition as follows: "This definition made me wonder whether people are being reduced to their roles and functions in society and whether

this definition emphasises a capitalist construction of people. Should people only be viewed according to their contribution to society?" I am left wondering whether the social construction of old age within a capitalist society contributes to ageism. Does an emphasis on a capitalist construction of people blind us to alternative values and worth found within old age?

By contrast, in many developing countries, older people are seen as vital participants in the community and are still accorded respect in traditional society. In these social structures older people are placed in socially functional roles because they compensate with greater experience and enhanced judgement for what they may lack in terms of speed and strength (Rothwell 1994:20). An awareness of other cultures and their beliefs and customs surrounding old age reveals the socially constructed nature of people's understanding of old age, as with other aspects of human life.

2.3 THE CONCEPT OF DISCOURSE

The language we grow up with and live with in our particular culture specifies and constitutes the experiences we have. There is thus always a "constituted" context, or discourse, that shapes the stories of our lives and influences the meanings and interpretations of our stories. These socially constructed realities (discourses) are a network of statements, practices and institutional structures that share common values (Grobbelaar 2001a). Not only is discourse determined by its constitutive community, it is also embedded in the larger framework of social relationships and social institutions – what Lowe (1991:45) calls "systematic and institutionalized ways of speaking/writing".

Discourses are perceived as "truths" or "common sense", influencing our understanding of the way life is or should be (Gerkin 1991:54). In a discourse some individuals or a group are included precisely because another individual or group is excluded, and someone is labelled "different" (marginalised) because another is "normal". Discourse tends to silence the "alternative stories" of people's lives that form part of the subjugated knowledge, and keeps alive the "dominant stories" which are told over and over again as the ultimate truth and constitute the narrative process. Foucault (1980:8) describes subjugated knowledges as "a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located low down on the hierarchy, beneath the required level of

cognition of scientificity". So, for example, the dominant discourses surrounding old age, judge elderly people as difficult and awaiting death as their only qualities. This discourse results in a subjugation of the knowledges of the elderly, where their life stories and wisdom are silenced.

Foucault (1978:101) views discourses as a practice which is embedded in social relations and which operates through our daily use of language in our social encounters. Discourse transmits and produces power; discourse reinforces power; but it also undermines and exposes power. In this way the double-sided effect of discourse works in such a way that the discourse of ageism entrenches the power of those who are not old, and marginalises older aged people. However, Foucault (1980) sees power not only as negative but also as positive, as power does also create, for example, subjectivities. Nevertheless, the power allocated to dominant discourses can result in the creation of subjectivities which are discriminated against or made "invisible"; for example, within the discourse of ageism the elderly are marginalised and discriminated against. All individuals are judged, condemned and classified as a function of the prevailing discourse (Foucault 1980:94).

Moreover, discourses shift in meaning according to context, providing people with multiple layers of contradictory meanings inscribed in their minds. Davies and Harré (1991:43) emphasise the "force of 'discursive practices', the ways in which people are 'positioned' through these practices and the way in which the individual's 'subjectivity' is generated through the learning and use of certain discursive practices". If elderly people are therefore positioned within a dominant discourse in which old age is seen as something negative and threatening, they are ascribed a certain "subjectivity" in relation to their position within the discourse. Alternative discourses, competing with one another, result in incompatible versions of reality (Lowe 1991) and consequently different subject positions. "An individual emerges through the process of social interaction, not as a relatively fixed end product but as one who is constituted and reconstituted through the various discursive practices in which they participate" (Davies & Harré 1991:46).

The struggle with and responses to the negative ideas regarding old age are examples of how people's subjectivities are constituted and reconstituted through various discursive positionings. In response to the negative discourse of old age as frail and dependent, institutions like the California Institute of Social Welfare (CISW) and the Townsend Group have developed strategies for improving the economic security of the elderly. From a power position, they

adopted the negative image of "dependent elderly" people, positioning the elderly in a frail and dependent position. They won support for higher levels of public assistance. A radio show with a presenter who took special care of its older supporters got a response from the listeners who sent money to finance the offices, shows and lobbying, as well as proposals for more public assistance for the elderly (Wang 1999:195). This shows how the view of the elderly as a dependent group can be reinterpreted with positive effects.

The second-generation seniors' movement in the 1950's sought to transform the public discourse of old age not by confessing or emphasising old age, but by erasing the term. A shift from the label of "older person" to "retired worker" illustrates the reflexive relation of power and resistance. As the number of pensioners increased, the seniors' movement in the 1950's gained momentum around a new emerging social identity for retired workers. It fashioned a positive self-consciousness among many of the elderly and proved that mobilisation of the elderly in the broader population is possible. One woman, Ethel Andrus (Wang 1999:201), sought legislative changes to improve retirement income through mass organisation. She also aimed to establish "a new way of feeling about themselves [the elderly], a new role to play in the society they had helped build, a new framework in which they could find ways to help themselves and each other" (Wang 1999:202). Their identity as retired workers was designed to erase the image of old people as dependent and frail and to challenge the contemporary cultural production of identity in old age.

In the mid 1970's the elderly were recast in the mass media as "greedy geezers" and "savage grannies" whose powerful "geriatric juggernaut" shamelessly protected their gains at the expense of the needs of the rest of American society, especially children (Wang 1999:203).

The idea of the ever-present potential for resistance offers some hope of a change in oppressive power relationships (Flaskas & Humphreys 1993:44). It is only by questioning and challenging dominant discourses that the discourses become visible. This process of pulling apart and examining (Morgan 2000:45) a linguistically and socially constituted truth/discourse is called deconstruction.

2.4 DECONSTRUCTION

Deconstruction refers to attempts to take apart texts and so-called "truths" and to see how they are constructed in such a way as to present particular images of people and their actions (Burr 1995:164). This also means taking apart the interpretative assumptions of a system of meaning to eventually reveal the assumption on which the model is based. As these assumptions are revealed, people experience a separation and alienation in relation to assumptions which used to rule their lives. This opens up a new space for "alternative and preferred knowledge of who the person might be" (White 1991:29).

White (1991:27) defines deconstruction as "procedures that subvert taken-for-granted realities and practices ... it renders strange these familiar and everyday realities by objectifying them ... The methods of deconstruction are methods that 'exotisize the domestic'."

To deconstruct is "to undo, not to destroy" (Sampson 1989:7). Derrida used a device for deconstructing which places a term under erasure (*sous rature*). What this literally means is to write a word, then cross it out. This is a strategy which tells us that we both need the term in order to understand the points being made, and simultaneously should not employ the term – although it is inaccurate, it is necessary. Within the meaning of any possible text there is also its opposite text – therefore one should listen for what was not said – to "the opposite meaning within what was said" (Sampson 1989:8).

Deconstruction in therapeutic practices assists in establishing a sense of "agency". This sense is derived from the experience of escaping 'passengerhood" in life and from a sense of being able to play an active role in shaping one's own life. Therapeutic deconstructive practices assist people to separate themselves from the problem-saturated modes of life and thoughts that they experience as impoverishing their own lives and the lives of others. In therapists and in those who seek therapy, deconstructive practices promote curiosity about how things might be otherwise/different, and about that which falls outside the totalising stories that people have about their lives (White 1991:38).

In deconstructing the experience of old age and the often ageist discourses surrounding age, I asked elderly people about how they experience old age and how they see public opinion

about old age. By using narrative communication strategies, some older people and I coconstructed alternative stories around ageing to separate them from impoverishing thoughts and discourses within the dominant stories about old age.

2.5 SOCIAL CONSTRUCTIONS OF OLD AGE IN WESTERN CULTURE

A negative public image of the elderly has emerged as a norm in western culture, pathologising old age as a social problem. Our cultural fear of ageing seems to be related to an overemphasis on ableness and a fear of impairment. The wrongful assumption that youth and healthy, strong bodies alone are responsible for happiness and successful relationships between individuals implies that being old is concomitant with being excluded from pleasure. This assumption adds to the many misconceptions around old age (Andrews 2001:271).) The dominant ageist discourse about age has resulted in the marginalisation of elderly people, who are also discriminated against. In the next section I discuss how being positioned within a culture where the discourses of both sexism and ageism enjoy a dominant status affects the lives of the elderly, especially the lives of elderly women.

2.5.1 Images of ageing

Ageism is the cultural practice of attributing less worth and power to older people (in the third developmental phase of life – maturation, maturity, and ageing) than to younger people. Out of these valuing systems certain stereotypes emerge that support the denial of power and esteem to this group of people.

(Cozad-Neuger 2001:203)

Defining the term "ageing" is difficult. We are all ageing from the moment we are born. There is a complex web of stereotypes about people in their later years that emerges from ageism, sexism and ableism, and that is hard to untangle. According to Cozad-Neuger (2001:200), terms such as "powerless, needy, bridge-playing, withered, babies, depressed, confused, dominating, fault-finding, complaining, fragile and weak" are dominant images that emerged in studies about images surrounding old age. Discourses surrounding failing physical health, loss of strength and physical integrity, loss of status, decreased income, widowhood, loss of self esteem, problems with mobility and a decline in sensory acuity result in people's dreading old age and therefore hating being old (Le Roux 1999:122). Four main areas of discourse around

approaches to ageing were identified by Le Roux (1999) namely discourses about biological age (determined by body image, physical activity and health), chronology (how many birthdays one has had places one in a certain age group), political economy (what economic contribution a person is still able to make; whether a person is economically dependent or independent) and a stage in the life-cycle (adjustment to change in the way of life a person was used to).

There are a number of factors that influence people to adopt a particular age identity. According to Le Roux (1999), there are seven factors which govern the transition to old age and supply the discourses surrounding old age. The first is a specific health problem; the second is retirement (which brings about a role change); the third is physical and/or mental deterioration; the fourth is chronological age; the fifth is a set of restrictions in physical activity; the sixth is change in social contacts; the seventh is illness or death of a spouse (which includes a role change).

A combination of genetic and biological factors interacts with environmental influences to produce a varied pattern of human ageing. Intrinsic factors such as the "biological clock" relate to functional loss and ageing effects. Elderly people are more likely to suffer from a variety of illnesses than younger people are. Pulmonary conditions, strokes, failing eyesight or hearing as well as circulatory, blood pressure and cardiac ailments also contribute to the overall picture of being old. Various theories (Woods & Britton 1985) suggest that intrinsic factors are involved in the ageing process, but that there is no clear biological or genetic basis to ageing. It is likely that extrinsic, environmental factors modify intrinsic factors to a significant extent.

Old age is thus a dynamic concept, shaped and reshaped over time by competing and contradictory claims. The category of old age becomes a political arena, open to competition between various social actors, and it is no longer only a biological phenomenon. Instead, old age is culturally and socially given, imposed on people by discourses from the social structure far more than by chronology. The ageing experience of the elderly is a product of social interactions (Wang 1999:194). The negative discourse of old age as a time of being frail and dependent permeates the views of the general public, resulting in various forms of ageism. It also makes old age an object to be discussed and a subject for the elderly themselves to address and redefine.

2.5.2 Not being worth much

Historically, in many countries, the experience of growing older has not always been defined as a problem. In the context of Chinese culture, for example, which emphasises the unconditional responsibility of adult children to care for their elderly relatives, the act of senior suicide itself convicts children of the most immoral crimes and unfilial behaviour (Wang 1999:212). In western culture, until some years ago, the elderly were looked after by their children and kept visible, without being seen as a problem. It was not exceptional for grandparents to live in the same house or on the same piece of land as their children and grandchildren. My own grandmother cared for her father and mother till they died.

In societies which have come to define valued roles disproportionately in terms of paid productivity and the engagement of technology, artificial barriers have arisen which disconnect people from normal functioning in society and the economy, and interfere with their ability to live like others in the community. A category of people was created who are seen as, and experience themselves as "less" than others (Woods 1996:398).

The rise of a capitalist economy and an accompanying capitalist construction of people provided the context for a reinterpretation of old age. In an environment in which occupation is the overriding determinant of status, the exclusion of the elderly from the labour market has produced a sense of marginality. Retirement has become a sign of "uselessness" to the economy, financial insecurity and a loss of social status. The elderly are devalued because their deteriorating physical strength, mental endurance and cognitive abilities make them less profitable for capitalism (Wang 1999). The loss of status that comes with retirement is often deeply unsettling, especially for those who are ambitious and whose life has been built around their professional careers. Deprived of their former sources of gratification, they feel that they are useless. They grieve for the power and respect they once had (Le Roux 1999:129).

Work represents more than a way of making a living. Work is a search for daily meaning as well as for one's daily bread, for recognition as well as for cash, for astonishment rather than for a mere Monday-to-Friday sort of financial survival (Le Roux 1999:123). Retirement involves a change of role for an older person and signals a shift of identity from economic independence to financial dependence. Because retirement has traditionally been viewed as an event which happens to older people, the negative discourses about old age have been extended to

retirement (Woods 1996:143). Paid employment is so deeply ingrained into our ways of evaluating both others and ourselves that people without a pay cheque also become voiceless.

Both retirement and becoming single due to the death of a spouse signal a new role in society. We, who spend most of our adult years working, construct our own identities. We also tend to construct the identities of others in relation to their occupation and their role in the labour force. Women who retire from their homemaking responsibilities and active parenting also take on a new role away from motherhood. The death of a spouse necessitates an adaptation to a new role, different from being a wife. Becoming a widow means the loss of a person who shared one's history and offered support. One also loses one's borrowed power, identity and prestige as the wife of Mr X, loses access to certain social and business connections, access to the public world and sometimes even one's home. In both cases there is a shift away from what used to give identity and meaning in life, and people in that situation need to find something equally meaningful to replace what they have lost. All people, no matter what their life stage, need a future story that has meaning.

2.5.3 Ageism and sexism

The "isms" (like racism, classism, ableism, sexism, ageism) have a number of things in common. They represent a prejudice whereby one particular group of people is accorded more worth than another group, based on a set of rather permanent characteristics. The consequence of this for the marginalised group may be a loss of cultural power in the economic, legal, employment and labour, familial, social and service realms, to name but a few (Cozad Neuger 2001:202).

Research issues about ageing have been considered, mostly, to be issues of men. Until about twenty years ago issues associated with women have been addressed as stereotypically "women's issues". The "empty nest syndrome" was assumed to be the major crisis of women's lives and was compared with men's retirement. Research about ageing has often not included women at all – older women were basically invisible within the population of the elderly. Hence, elderly women are sometimes faced with the negative consequences of both sexism and ageism.

To acknowledge that elderly women are rendered invisible within a dominant patriarchal culture, and to oppose that trend, I would like to dedicate a short discussion to some of the challenges women face as they mature in terms of age.

2.5.3.1 Patriarchy

Many sad stories are rooted in discourses about cultural structures and traditions and gender stereotypes. The way we understand our lives is influenced by the broader stories of the culture we live in (Morgan 2000:9). One such "story of our culture" is that of patriarchy, which is inculcated in us in our youth and kept alive while we are growing older. Patriarchy is defined by Rich (cited by Poling 1996:128) as the power of the fathers; a familial-social, ideological political system in which men determine what part women shall or shall not play. Even in old age, patriarchy still constitutes women's identities.

Society consistently gives more negative messages about older women than about men; women are portrayed as unsuccessful more than older men are and people think that women become middle-aged and old at younger chronological ages than men. Only 20 per cent of people in a research project by Cozad Neuger (2001:200) gave responses that indicated some emotional or cognitive understanding of the gains and the losses, the strengths and needs, the possibilities and limits of older women. Only approximately 20 per cent included phrases such as "women with unlimited, untapped potential", or "strong, salt-of-the-earth leaders", "women who are absolutely committed to one another", and "hardworking, wise and wonderful". This means that patriarchy (the dominant discourse that guides the remaining 80 per cent of Cozad Neuger's respondents) determines the discourses around women even in old age to make elderly men appear much more "colourful" and worthy than elderly women. Women are thus often dismissed as a group, because stereotypes about them result in elderly women's being invisible.

Due to powerful ideas and discourses that western patriarchal culture maintains about where women's value is located (in youth, beauty and reproductive ability), women's first trauma with regard to ageing is often not a physical disability or an economic hardship, but the dismay that results from observing the first grey hair, facial wrinkles, or added weight that comes with normal ageing. Such sexist messages about diminished worth are closely linked to the potential for women to experience a threat to their life satisfaction (Cozad Neuger 2001:212). When they

are no longer attractive by male standards, no longer "of service" sexually or domestically, women are not valued. Their wisdom is not recognised. Partners who prefer younger women (Burstow 1992:16) desert many an older woman.

On the positive side, when a woman realises that she is no longer able to pretend to be all those things that society demands from her in order to be valued, she often begins to question the need to play by the rules of patriarchy at all. Some women experience a sense of freedom to be themselves for the first time in their lives (Cozad Neuger 2001:206). Both "traditional" women (nurturing and conventional conformists) and "independent" women (ambitious, unconventional women who gain satisfaction from self-development rather than from attachment to others) may find themselves empowered by the reduction of sexist stereotypes in their lives – they have "outgrown their usefulness" to the patriarchal culture and can be their own persons.

2.5.3.2 Financial issues

Living in a patriarchal culture, many women earn very little money throughout their lives, and consequently the majority of older women are poor. They do not expect or anticipate poverty in middle age because of their marital and class identity. However, given the high incidence of widowhood, as well as divorce, or never being married, and the displacement of homemakers, women can expect the possibility of poverty. The average income of American males is approximately one-and-a-half times as much as that of American females and the rate of poverty is almost twice as great for elderly women as for elderly men (Cozad Neuger 2001:207). Because of gender discrimination and the fact that there are a lot more widows than widowers in South Africa, the condition of elderly South African women would be quite similar to those of their American counterparts. Women's discontinuous work histories, the likelihood of part-time employment or just work without pay in the home, decrease the probability that they will become entitled to adequate retirement pensions. Discourses surrounding the working world of women centre on sex-role expectations and on women's primary domestic responsibilities, in which their family role is the most important and all other roles are secondary. Therefore income in later life available to them is minimal.

2.5.3.3 Violence against women

One of the factors that have the greatest potential for shaping a woman's experience of marriage and widowhood is the presence of violence or abuse in a marriage. This phenomenon still needs to be looked at more closely, as the consequences of abuse and violence on the experience of widowhood are not entirely clear (Scheib 2000:254).

Violence against women does not respect age. Violence and abuse within a marriage have the potential to complicate the experience of grief following the loss of a spouse (Scheib 2000:254). Grief is described as the "normal" emotional response to loss and bereavement. Grief is usually shaped by the circumstances of the death and can be experienced as sadness, anger or relief. However, women who were abused by their husbands might not show the "normal" emotional response to the loss of their spouses. When the death of a husband is preceded by violence and abuse and the death relieves the wife from suffering, the adjustment to widowhood might be eased and even experienced as a relief.

2.5.3.4 Widowhood

Another dominant story that subjugates the voices of women is the discourse and social myths around widowhood. One such myth was experienced by Carrie Jones, aged ninety-one:

I think that television shows widows pretty much like they do old women ... being forgetful and impatient. But they show them needing help all the time. The other thing I can think of is that they show widows as bitter or angry. Like if there's a Halloween show, some old woman is in a spooky house, and all the kids are scared of her – it's always a mean, angry, very strange widow woman. There's never a husband in those houses, only an alone woman.

(Scheib 2000:251)

This quote portrays the damage done to the image of widows by discourses constructed by our social environment. The stereotype produced by "us" also took away the voices of marginalised women; as if the grief and loss they experienced by losing a partner did not bring along enough suffering.

Becoming a widow involves real losses and significant challenges in a woman's life that require creativity, flexibility and the use of a woman's inner and external resources in order to meet the

challenges of a reconstruction of self and role within a larger social system. Women who are widowed experience a significant life transition, which includes the loss of a relationship, as well as a loss of one's accustomed social role as a wife. In addition, many a widow might experience a reduction or complete loss of income after her husband's death.

On the other hand, many women do not seem to experience widowhood as it is depicted in social myth, as a time of "restricted, isolated and dependent lifestyles in a limited social life space" (Scheib 2000:251). When one compares the lived experiences of many older widows to the stereotypical social expectations of being a widow, one finds that women often adjust to widowhood in their own time and way. In many cases, women have a quiet pride in a newfound competence and identity. A new self-concept is composed of a woman's thoughts and feelings about herself and her social roles. No longer being a wife and mother helps her to define who she is within her new social system (Scheib 2000:252). Widows who are able to reconstruct their self-concept successfully might now define themselves in the context of a broader network of relationships, rather than in terms of a primary relationship with a spouse or their children. This represents moving away from the patriarchal power that recruited women into the sole role of mother and wife and which said that, "woman's own needs and desires have no place ... the ideal for feminine goodness was selfless care for others" (Weingarten 1994:65).

The social construction of maturing age as something negative and undesirable has resulted in many people's worth being questioned and valued as undesirable. In the next section I discuss the effects of elderly people's being positioned within the dominant capitalist, patriarchal discourses of ageism.

2.6 INVISIBILITY AND SILENCED VOICES

"Oh no! They are not ghosts or spirits, They're very real. They are the (old) people going through the Israel Levin Center ... they are very much alive." Although the elderly are often made invisible and treated like ghosts, " ... they are still people: unfinished, still growing and changing and therefore have a future, for which they need each other, coming fully into their humanity when they are seen by others".

(Meyerhoff 1986:279-280)

Experiences of being treated as ghosts or spirits are discussed in this section. The dangers of being invisible are discussed, as well as the accompanying effects of being invisible, namely being silenced and not receiving adequate health care.

2.6.1 The danger of invisibility

Barbara Meyerhoff (1986:262) did an anthropological study of ethnicity and ageing in a community of very old immigrant Jews in the Israel Levin Senior Adult Center in Venice, California. She commented that her work there brought a singular and dominant theme to her attention: the old people's severe invisibility and the consequences of being unnoticed. It is a truism that marginalised people are stigmatised and neglected by mainstream society, they are not seen and not heard; they are treated as invisible and voiceless. Among these very old people, people who are facing death and eternal disappearance, the problem of social inattention is a serious matter. The people in Meyerhoff's study were intent on making themselves more noticed by interpreting their history and culture to an outside world that would remember them after they had died and by transmitting pieces of their lives to those who remained.

The consequences of invisibility can be experienced in the form of extreme poverty, poor health, inadequate housing and transportation, insufficient medical care, dangerous surroundings, a loss of social roles, and outliving spouses (especially women), family and friends. In the case of Meyerhoff's group, they were lucky to perform interpretations of themselves and became what they claimed to be. They denied their invisibility, isolation and impotence and made themselves seen. In being seen they came into being, on their own terms, as authors of themselves (Meyerhoff 1986:263). They did that by using an assortment of symbols, customs, memories and rituals. Struggling with invisibility was also one of the central

themes that I heard about in my discussions with the research participants (see Section 3.2). As in Meyerhoff's study, together with the research participants, through narrative pastoral care, we also challenged the invisibility they were faced with (see Section 4.7).

2.6.2 Silenced by paternalism

Another insidious form of discrimination against the elderly is paternalistic intervention. Paternalism may be described as a refusal to acquiesce in a person's wishes, choices and actions for that person's own benefit. Paternalism may be driven communally or individually but should be constrained and limited by respect for individuals and their autonomy. It is so that limited paternalism can be justified in conditions where the person/patient has some defect, encumbrance or limitation in deciding, willing or acting. Where there is a probability of harm to the older person because the person takes an independent decision, apart from intervention or where the probable good effects of the intervention outweigh the bad effects of the intervention, it may be excused. Where the least restrictive, least humiliating, and least insulting alternative has been selected, intervention may be allowed. However it is unfair and disrespectful to attribute incompetence to make decisions to all elderly persons (Childress 1984:31).

Paternalism motivated by individual or communal benevolence, but unconstrained and unlimited by respect for autonomy, becomes tyrannical; respect for autonomy, uncoupled from benevolence, becomes indifferent to the plight of others (Childress 1984:31). By maintaining a proper tension or balance between care and concern on the one hand, and respect for persons (including their autonomy) on the other, it should be possible to avoid the temptation of paternalism.

I myself had the experience of seeing an old man die from invisibility caused by paternalism. His death certificate possibly states something like kidney failure as the cause of death, but he was already "dead" before the kidney failure. He lived in the same retirement complex where my parents live, in a two-bedroomed house with a small garden in which he enjoyed working, even if he had to do it sitting down or standing on his knees. He became ill and after he had been dismissed from hospital his children *decided on his behalf and for him*, that he should go to a very small room in the old age home. The more he asked to go back to his house – with people offering to look after him – the less he was heard. The children were very busy and had a lot of money and they could afford to pay for his stay in the little room where nurses looked

after him – and for their conscience to be silenced. I was furious. At times we visited him, we found him sitting in the garden – diminished (almost invisible) and staring at the untidy garden and when I asked how he was, he answered: "My soul is dying here, I want to go back to my house." He died eventually without seeing his house again, although it was still his property and was kept neat by a paid domestic worker every day. His children had enough money to pay, but their ears could not hear him and their eyes could not see his pain. They just "knew" what was "best" for him. All he actually wished for was to die where he wanted to, in an environment where he could be happy – even if he was alone without somebody to hold his hand.

2.6.3 Not visible enough to receive health care

In the constitution of the World Health Organisation, health is defined as a state of complete physical, mental and social well-being and not merely as the absence of disease or infirmity (Lawrence 1994:162). Modern medicine is facing many ethical challenges and moral dilemmas. One of the issues is the high cost of health care and clinical interventions, especially at the beginning and end of life, that confront health-care providers as well as society at large. The only thing that medical care cannot prevent is eventual death. Death is the enemy of patients and doctors and it will win in the end. According to Lawrence (1994:162), important questions are thus presented to society, questions such as: "Who shall live? Who shall die? Who shall decide? How will the decision be made?"

Medical ethics test our faith. Christians are presented with ethical challenges long before the legal system or the community at large must make up its mind on issues. Shriver (in Lawrence 1994) argues that Western religion makes a contribution to medicine in the sense that medical practitioners are reminded that human life is worth caring for, even when caring proceeds under the shadow of death. This feature of human life means that some measure of equity and justice must be ensured for all people, especially the disadvantaged and the elderly. The meaning of life must be considered and care must be taken of more than just the body.

The use of age as criterion in many fields is clearly a form of discrimination. In the medical field, the question is whether age discrimination in the allocation and distribution of health care is (un)just and (un)justified. Ageism, like racism and sexism, involves a set of beliefs, attitudes and practices that unjustifiably discriminates against a group. We are not responsible for our

ageing; if we live long enough, we will become old. Therefore ageism is comparable to racism and sexism and should be rejected as a criterion for the distribution of medical care for similar reasons. So, for example, age may sometimes be cited to suggest that underlying medical problems may make treatment such as dialysis optional rather than medically indicated.

Age is frequently introduced as a shorthand expression for several characteristics that may be morally relevant. Not paying attention to the characteristics of individuals who may not fit the generalisations about their age cohort is a form of disrespect, insult and indignity – a violation of the principle of respect for people (Childress 1984:28). In the medical field in America there is a policy called "Blame the Victim" which involves identifying illnesses as resulting from "voluntary health risks" and then withdrawing support for these health services. So-called risks include smoking, alcoholism, drug abuse, failure to wear seatbelts, failure to eat well or jog, skiing injuries, mental depression, and, believe it or not, *ageing*. This strategy is promoted in the interest of cost containment.

The "high cost of dying" is discussed in a number of articles in medical and health care literature. Many authors include the suggestion that medical costs might be contained by being more selective in treating terminally ill or seriously ill older patients. "The high cost of dying" has become a code word for introducing a more direct offensive quality of life standard into medical decision-making. One AMA News editorial (in The Hastings Center Report, October 1984) states:

We tend to be sentimental about the oldsters in our society, and we seem to have emotional hang-ups about death and dying ... when the crunch comes, and we turn to a consideration of rationing, the first item we will look at will be the high cost of dying.

One can see from this quote how easy it is to conflate the terminally ill, the chronically ill, and the aged into one general category. By contrast, there are people who care and speak out in favour of the elderly. Rick Moody (cited in Childress 1984:26) presented a paper on "Ethics across the life cycle", in which he explored an argument for and against ethical obligations to the elderly. He presents arguments identifying reasons for why we do have obligations to the elderly, such as universal human rights, compassion for the weak, prior contributions of the elderly, compensatory justice, the elderly as victims and the universality of ageing. Discrimination in health care for the aged cannot be justified. We as younger people who will also grow old must speak out for the notion of a right to health care, so that human liberty and freedom will not be sacrificed in the interests of social efficiency and cost concerns. Life is still

more valuable than the cost of dying. Even if there is just a faint breath, it is a life to be respected and cared for. How often do we hear the term "oxygen thief" from young people who are referring to old people? How often do the elderly go past us voiceless, because we do not bother to listen to the lamentations of those who are ageing? Theological reflection on issues raised by the medical fraternity is critically important. It is important for communities of faith with visions of what it means for human beings to flourish and to live with integrity, and secondly, it is important for the broader community (Lawrence 1994:165).

People do not listen to voices in distress, because, after all, "they are just getting old!". Glaz (2000:234) refers to her own experience with her father:

[T]oo few seniors had anyone to talk to about their feelings about themselves in the midst of this change. I recall my eighty-two-year-old father and his frustration with his physician when he tried to tell him something about his health. The physician did not yet know the extent of my father's nightly dancing and daily golf routine, nor the cancer that was quietly ravaging his body. The physician said too swiftly, "Well Mr. Feliks, you are getting older you know!"

This makes me ponder about the role of elderly people of our society. I wonder what God intended when he invented old age. Do elderly people have to teach us something we cannot hear or see before we have had time to reflect on it?

2.7 SUMMARY

Old age, with the many changes of body and circumstances it brings with it, is a time of major transitions. The passage from middle to old age is filled with many challenges. What I want for the elderly during this stage of their lives is for them to be seen and not to be treated as invisible. By creating a community of concern where everyone can listen to each other's stories, they can assist in reversing their invisibility to some degree. By challenging their invisibility, isolation and impotence, they can make themselves seen, and in being seen they can come into being in their own terms, as authors of themselves (Meyerhoff 1986:262).

In the next chapter I discuss the conversations I had with five elderly people in order to give them authorship of their own lives. The process was all about making memories alive in order to keep their legacies alive. In Chapter Three I introduce these five very dear friends and the stories of who they became. I will carry these stories and the soft light in their eyes while they talked, with me long after this project has been completed.

CHAPTER THREE

WITNESSING WISDOM AND LONG LIVED LIVES

3.1 INTRODUCTION

In this chapter I discuss the actual "happening of the thrill part" of the research, as David Epston (2002) called it in a workshop at the Institute for Therapeutic Development for Unisa students. The challenge in the re-telling of these stories to the reader was similar to the one faced by Andersen (1993:320), who says:

The writing of this chapter taught me, first of all, that I must try to find another way to transcribe a session, to do it so that the reader is touched and moved ... how can writing expand ... knowledge so that new ideas emerge?

The stories were told to me with compassion and joy and I experienced some difficulty in attempting to translate silences and non-verbal communication. It added to the challenge that the participants in the study were Afrikaans-speaking, elderly people with a specific style that is sometimes quite idiosyncratic and therefore not easy to represent in translation. Despite this obstacle, however, I decided to translate the stories into English to make their stories and ideas accessible to more readers.

I re-tell these stories with an awareness of the "sacred place" (Andersen 1993:309) that the stories re-present as these became part of my life story. I also want to relay how I met these storytellers and discuss how narrative pastoral practice assisted me in listening to their stories. The importance of telling and re-telling life stories in pastoral care is mentioned when I touch on some of the themes I explored through my conversations with the participants. Andersen's words (1993:309) ring true in this regard too:

... by expressing oneself, one is simultaneously forming one's self. The act of expressing oneself is the act of ... *performing* ... when a person is *per*forming, this *per*forming is *in*forming oneself and others and simultaneously forming one's self.

3.2 INTRODUCING THE PARTICIPANTS

I would now like to introduce the storytellers, without whom this participatory action research project would have been meaningless. In line with doing "ethicising research" (Kotzé 2001:25), I asked the participants whether they wanted their identities to be protected. Four of the participants did not mind that their original names are mentioned in the report; in fact identifying them, honoured their life stories. As individuals facing death and eternal invisibility, they considered it another way of making them visible and keeping their legacy alive. The fifth participant prefered to use a pseudonym to be used in the report, and this participant was invited to choose the name that the person prefered.

Hilda Salmon (92) has milk-white hair and her skin is almost thin and soft, almost see-through. Her mother tongue is English but she speaks Afrikaans perfectly and most of our conversations were in Afrikaans. She has one daughter with whom she has regular contact and who visits her often. Hilda's husband died 16 years ago. She is quite healthy, except that asthma sometimes troubles her. Although she has had three strokes, she does not suffer from any side effects resulting from the strokes. She is the oldest resident in the retirement home, but very independent and self-sufficient. She calls herself "old in age, but young in spirit" and becomes very irritated with some of the residents who "just sit with their folded hands and wait to die". She says that "one must work and keep busy. Your brain rules your body – when your brain is working it stays alert". She knits covers for coathangers and reads her Bible to keep her busy and frequently asks management for work, because she "must stay busy".

Emma Orban (84) is a well-groomed woman who likes to paint her fingernails red. She wears her long white hair up, in an elegant bun. Every time I visited, she wore jewellery and red lipstick. These small touches are important to her, although she is not able to see any of them. Emma is almost blind and her hearing is not very good. She finds it hard to walk and quickly becomes out of breath. During my visits she talked eagerly and apologised often for talking so much. Her stories were fascinating and I loved witnessing her zest for life and all the knowledge she has gathered from her visits to 42 countries. Her husband passed away 22 years ago. She has five children, 14 grandchildren and 13 great-grandchildren with whom she keeps contact and visits quite often. Emma was an artist who painted and did fine needlework all her life. She still paints from time to time, although she now focuses on huge flowers, limiting

the detail. Nowadays, painting strains her eyes, so she puts her face very close to the paper and almost "guesses" what the picture looks like. I was very privileged to be given a few of these paintings as a gift. She also crochets small blankets and scarves for her friends to shorten her day. Emma believes in staying busy. During our conversations we discovered that our stories intersected. She went to the same school in Amsterdam (Mpumalanga) as my father, and so we exchanged information and I went home with a lot of questions for my father.

Sharing such personal information put me as the researcher and Emma as a participant on an equal footing. Establishing such equality is a recommended practice within participatory action research. Reinharz (1992:181) mentions that to "achieve an egalitarian relation, the researcher abandons control and adopts an approach of openness, reciprocity, mutual disclosure and shared risk". Franklin (1997:102) challenges prescriptions against self-disclosure of the researcher when she claims the following:

Rather than introducing "influence" or "bias", the researcher's full participation (sometimes including self-disclosure) is seen as conducive to establishing the trust and reciprocity that facilitate open expression, and the possibility of an egalitarian relationship between interviewer and interviewee.

This intersection of stories and sharing of personal information with Emma is in line with participatory action research (as discussed in Chapter One) where hiding "the 'I' is a pretence, a fraud that forces me to hide my passion, to deny who I am, and to pretend that my words are separate from me. Acknowledging the 'I' allows me to reveal myself and my feelings" (Dudley-Marling cited in Kotzé & Kotzé 2001:10).

Louis (69) is divorced after 33 years of marriage. He has three children and eight grandchildren with whom he does not have much contact, except for one daughter. The fact that they only make contact with him when they need his financial support makes him feel "invisible". He asked me about the title of my research "Making visible the elderly" and whether it should not rather be "Keeping visible the elderly". According to Louis, his children tend to just "make" him visible whenever they need money or someone to baby-sit their children. He enjoys talking and has a strong sense of humour. He said that playing tricks on people keeps him young. According to him, "old age is something that only happens in one's head". He is known as a handyman at the centre and is always willing to do chores for other residents, go into town or to the shops for them. He comments: "I don't sit down to die, to sit still is to search for death." He knows the bus routes and the departure times by heart and is noticeably specific about times

and dates. His speciality is good espresso when someone visits him and he likes smoking. Smoking, more than old age, has taken his health away, and I heard that loneliness has been a companion for the last few years.

The next two participants are a married couple. They live in their own home. Julien Hiemstra (87) is married to Victor Hiemstra. When I visited the first time, we had tea at a nicely laid small table. Although she was recovering from surgery, she was well dressed and looked and acted like the lady she prefers to be. She suffers from a chronic illness, but that makes her even more determined to keep fit and healthy. She emphasised the importance of exercise for body and mind: "If one stays physically healthy, one stays positive and mentally strong." Her motto in life has always been, and still is, to be enthusiastic about everything she does, to look for what is good and beautiful in everyone and everything and to be positive. She has three sons whom she sees often, and eight grandchildren. I mentioned that I often see her and her husband at the sermon on a Sunday and that she always looks so well dressed and elegant. She responded: "I think that a woman must have some 'vanity', she must look good and feel good about herself – that is part of being positive."

According to Whitbourne (1986:312), successful ageing results from maintaining a view of the self as loving, competent, good, and in this case, caring for the self. This positive sense of the self or identity is maintained over time by selecting information or creating environments that reflect positively on the self. Julien chooses to continue to see herself as the proud possessor of all the stylishness she used to have and she still cares for herself the way she used to do when she was young.

She validated my love of beautiful clothes and dressing up – through her I challenged the discourse initiated in 1 Peter 3 which is sometimes interpreted as calling vanity and stylishness a sin – calling on people not to make too much of outward appearance and beauty, because a woman's actual beauty comes from within and not from the way she dresses or the jewellery she wears. She validated me and I acknowledged her input in my life. This is a good example of what Michael White (1997:132) calls "taking-it-back practices" where I can acknowledge the influence of the participant's story on my life as a person, a therapist and a researcher. It is an act that contributes to the rich description of the lives of both parties in the therapeutic conversation and, in my case, the research conversations.

When I visited the people I interviewed, I always had a wonderful time. I always left with a lighter step – they seemed to care for me too. Mutual care developed. Within the participatory action approach to research, I experienced the reciprocity of caring between the research participants and myself (see Reinharz 1992:181). This reciprocity of caring reinforces the notion of equality between the researcher and participant during participatory action research. Such caring resonates with Sevenhuijsen's (1998:147) concept of caring solidarity:

We need caring solidarity ... because everyone in different ways and to different degrees needs care at some point in their lives.

As humans we all need care. Caring solidarity could assist us to cross the boundaries that the positivist sciences have created between the "knower" (researcher) and the "known" (participants) (Heshusius 1994:15).

Victor Hiemstra (88) still walks with dignity as he has done during all the years when he served as one of our country's most prominent judges. When he stands before me, he reminds me of both my grandfathers, who were always neatly dressed in their suits, with not one white hair out of place. His first wife died a few years ago, and he is now married to Julien Hiemstra. From a very young age he was an exceptional man. He went to the University of Stellenbosch when he was only 15 years old and eventually became the famous Judge Hiemstra. He has five children and 24 grandchildren to whom he will leave his wisdom and his legacy. Although he is retired now and can spend his time as he wants, he still maintains the habit of looking at his watch often. He seemed rushed the whole time while we were talking, constantly looking at his watch. He excused himself eventually to go to the bank after his wife had tried to tell him that he must first tell me his story. Although he is still in good health, one can see that, as with all the other participants, old age has taken its biggest toll on his physical person. He has difficulty hearing and he walks slowly – but he is still a "gregarious man", as his wife described him to me. He loves people and people love him.

The Hiemstras stay in a newly built complex with security. They are surrounded by friends and people they have known for many years. The circumstances of the Hiemstra couple are quite different from those of the participants in the retirement home. Each of the Hiemstras still has the full time company of his/her partner. They still have a spacious house to live in and have the means to travel wherever they want to. I listened to their stories; I asked myself how factors such as these – good company, convenient housing and sufficient financial means – constitute the re-authoring of a person's life story.

3.3 WHAT I HEARD: CENTRAL THEMES FROM UNIQUE LIFE STORIES

While talking to the elderly people who were the co-researchers in this study, I heard some relevant and central themes that were woven through all the conversations. These central themes did not reduce the uniqueness of their stories, but they formed a common thread through their life journeys. The issues included physical deterioration, their attitudes and those of society towards old age and death, what adds meaning to their lives, what it is they want to remember and must not be remembered for, and how they want their legacies to be kept alive. I witnessed their "trophies" and tokens of historicity as we dusted off wonderful memories, and I listened to their opinions about relationships. I saw tearful eyes and witnessed the pain of being an old person whose voice had been taken away.

I was aware that I co-constructed these stories and that the five participants entrusted their stories to me to re-tell. My research was aimed towards communication, generosity and dialogue, all marks of good conversation and of pastoral caring, according to Graham (1996a:206). I did not want to speak on their behalf or for the elderly, but *with* the elderly. Although one is often tempted to become the voice of the elderly or to decide what their voice should be, the ethical praxis of doing theology/caring *with* the people (Kotzé & Kotzé 2001:7) only allows one to give a voice to the marginalised. In doing participatory research, the participation of the marginalised is ensured by ethical praxis guided by the question "Who benefits?" (Kotzé 2001:3).

3.3.1 Invisibility

The situation of the residents in old age homes is, in a way, similar to that of the people in Meyerhoff's study (1986). They are removed from their familiar environment and live in a home with strangers. They are invisible to the outside community. The other residents are not people who are acquainted with their history; they are not witnesses to their past lives and stories. There might be a slight interface in terms of culture, but their first-hand experiences are unknown to each other. They are not a "big happy family". Only when they become visible to each other by sharing their life stories can they be linked in the chain of being. When they share rapture, pain and loss through their stories, it contributes to reflexive consciousness instead of self-consciousness, a moving closer to each other instead of a growing apart.

The participants all mentioned that they were subjugated by voicelessness and invisibility in the recent past, not necessarily imposed by other residents, but by children or people from a society where old age is not respected. The fact that other people decide for them and speak on their behalf makes them feel invisible. Hilda experienced 'this speaking on her behalf' to be the worst thing that happened to her. She explained:

I lived in a flat and although I had three strokes I was fine and did not suffer any consequences from them. But my granddaughter booked me in here (at the old age home) behind my back – without even telling me or asking me about it. That was very bad for me. It was the worst thing that ever happened to me.

Wanting to give her the opportunity to voice her experience of being invisible, I asked her: "How did that make you feel at the time?" Hilda replied:

They could have asked me, you know. It felt as if they were pushing me aside ... I felt so not loved ... they don't think much of me.

Emma experienced a sense of invisibility in the dining room of the old age home. Some of the other residents acted as informers to the matron about certain incidents. The tattle-tales then bring back orders from the matron and Emma says it makes her feel invisible and without a voice.

I can speak for myself and they can talk to me directly if they have anything to say to or about me ... the other woman puts her hand up to draw attention like a child and called the matron ... she does not even listen to me.

The visibility aspect is something Louis felt very strongly about. He said:

To one's children you are invisible most of the time, except when they suddenly need you for something like money or to look after the grandchildren. I rather think you must look into how you can *keep* the elderly visible and not *make* them visible once in a while. One of our grandchildren stayed with my ex-wife for almost six months at a time while the parents were travelling ... but grandpa – no, he is even more invisible.

One of the elderly people attending a lecture I gave came to me and said:

I get so angry when the children can talk about me or on my behalf to someone, as if I am invisible, as if I do not exist anymore! It is not an easy thing for me to accept.

3.3.2 Physical decline/deterioration

A very prominent topic in the stories of the participants was the ageing process, which includes significant losses of mental and emotional and physical energy. The four main areas of change

are physiological change, psychological change, personality change, and change in role and status after retirement (Le Roux 1999). In talking to the participants I heard that the one change that is most difficult to accept is the physiological change. As people age, the strength and size of their muscles decrease, causing them to appear weak and frail. Ageing may cause the heart to grow weaker and the lungs sometimes collapse, resulting in breathing difficulties. Sensory functions such as vision, hearing and taste also diminish to some degree (Le Roux 1999). I wondered what the response of elderly people might be if I asked them about their experience of growing old. Emma responded:

My brain will not accept that my body can't keep up with it ... I feel cheated, I could still have done something meaningful, my life could have been fuller if it was not for physical decline.

Although the other four participants are more mobile, they all mentioned that old age took away their mobility too. Victor reads in the papers about theatre and opera, but because of his inability to see and drive at night, he cannot go there anymore – it is one of the things he has sacrificed through old age. I learned from them to be grateful for whatever physical strength is still available. Hilda argues that life is good when one can still see and hear and work, because that gives meaning to your life. Because she stays in the old age home and has minimal funds, she is not able to travel or go out often, but she still walks a lot, if her asthma allows her to. It is a great loss for one who has worked with her hands to move into a situation where it is not possible to work anymore. Hilda also misses doing the thing she most liked – working. She says:

If there is anything I could have changed, I would not have retired yet, I would still be working.

For Julien, physical strength is very important, because, according to her, to exercise and stay strong and healthy are priorities for staying positive and enthusiastic about life and for staying mentally alert.

As far as deterioration of the brain and mental abilities is concerned, studies done by Le Roux (1999:128) indicate that individuals who have been surrounded by an environment that encourages intellectual growth have a considerable advantage in old age and stay mentally alert longer. Persons who have been exposed to a wide range of reading material, who have had an opportunity to travel and who have had a wide variety of social contacts are likely to

maintain a high degree of intellectual ability and curiosity (Le Roux 1999). These ideas are borne out by Emma, who has travelled a lot and who had, and still has, a variety of social contacts. She can recall every one of her 42 trips in detail with regard to where and when and what; and she laughs about all the funny incidents, so much so that I also started laughing with her. Just telling her story gave her wings; it did not matter that she cannot walk or see or hear well anymore. The walking and seeing and hearing she enjoyed so much once were relived in her stories. When she talked about the time an Italian man pinched her bottom on the street, she laughed infectiously and added:

... it was because of my blond hair ... I didn't look as old yet ... while you were walking in the street, chinks, one of them just came by and pinched you...

Another story was the one about the boys caught with their pants down. When she was small, the boys wore pants made of leather and every one had to look after his trousers because clothes were not plentiful. One day, while looking after the cattle, the boys went down to the river and started a game flipping clay off reeds on sticks. Because they were afraid to ruin their pants, they took their pants off, fearing that otherwise they would be punished.

When my father told this it was as if you could see it before your very own eyes [closing her eyes], small boys playing clay-stick in the nude ... You know these are things that must actually be written down in a book.

I said I would write it down in a book for her – because we both care that the past should be kept alive and remembered.

The Hiemstras also stressed the importance of travel in their lives. That is one of the things that still gives meaning to their lives, despite their physical deterioration. To be part of something bigger than oneself and to have an opinion about things, like the countries one has visited, determine quality of life and add meaning to life. Julien also connected the perfectionism and zest for work of some foreign people, like the Chinese, to the enthusiasm for life which she subscribes to, as part of a meaningful life. This couple vividly recalled the experiences and the destinations they have visited. They stressed that going out, reading and travelling keeps them young and encourages intellectual growth.

There were many stories about when the participants were still young. The events in these stories happened at a time when they were physically active and enjoyed life without any decay or ailment. These are the stories they prefer to talk about. Despite some change in

physiological functioning, all the individuals I spoke to still live normal lives and are making valuable contributions to their families and to the communities in which they live. Contrary to the discourse that elderly people just sit around and wait to die, the participants do not see getting older as a traumatic experience. Victor said:

I never thought of it that way – it's just an older me and that's not bad. Each phase of life has its benefits.

They find themselves in the present and enjoy the perspective of a long life.

3.3.3 Life attitude and death attitude

A lot of elderly persons do not experience much anxiety associated with death, although they are moving closer to death every day (Eliason 2000:242). According to Erikson (quoted in Glaz 2000:227), this is because this last stage of the life cycle is characterised by conflict between integrity and despair. Those who feel that their lives have been meaningless may fall into despair and experience death as a threat. Those who are happy with what they have achieved experience more emotional integrity and less anxiety about death.

3.3.3.1 Life attitude

When one talks to elderly people in despair, the despair does not seem to be about coming to terms with *age* poorly, but about coming to terms poorly with the *life they lived*. In conversation, quite a few elderly people recount litanies of failures that have bothered them for many years. It is possible that their childhood was painful or their careers did not go well or maybe important relationships did not work out. They are surrounded by an aura of frustration and anguish about who they are and what their lives have become – they are certainly unhappy now, but they have been so throughout their life (Glaz 2000). An impoverishing attitude rules their lives and has been doing so for as long as they have lived. Therefore they might experience a crisis with regard to ageing.

Although none of the participants in my research was haunted by despair, mostly because of their positive attitude and an absence of self-pity, I do know other elderly persons who are in despair. Talking to people overcome by despair left me with the same sense of helplessness that marks their own existence. There is one ray of light though – narrative practice allow for

the possibility of finding unique outcomes (as described in Chapter One) and the coconstructing of an alternative story with the person who is struggling with despair. Age is but an added burden in these people's life narratives. It is hard to change what has been difficult in one's story unless someone or something can intervene to re-author the sad story into one of hope.

On the other hand, many elderly people are surrounded by an aura of self-fulfilment. These are elderly people who have few regrets and feel they have missed little in life. They are resilient in the emergencies of life and find comfort in living as their parents have taught them to live. They are untroubled about who they were and who they have become. Although they may admit to being painfully worried about what might become of them, they do not see themselves as failures or failing – they know they will survive and grow toward a new and older sense of self, admitting that growing older certainly is not easy (Glaz 2000). The quality of the past helps them to manage the present. They generally accept age with its physical changes and losses as a biological given, although they do not always find it agreeable.

The attitudes that surrounded the aged in earlier life also sustain most of the elderly when they grow older, at least those I talked to during my research. Julien bubbled with enthusiasm for everything she did as a young woman and still sees enthusiasm as a very important message she wants to convey to all young people. She has always been positive, their house was always known for its cheerfulness. She participated in a lot of sporting activities (like tennis), did needlework and entertained. Old age has not been able to convince her to let go of this attitude. "Look out for the beautiful and the good in everything and be enthusiastic about everything you do," she said, with a finger pointing up in the air and her eyes twinkling with all the wisdom and experience of 87 years. When I asked her if old age had taken much away from her, she answered:

There is so much compensation to being older, we are very lucky to be together, we are soul mates and our circumstances are ideal – we have a nice place to stay and financially we are provided for. I guess it must be quite different for someone without money, staying in an old age home and sick – that would definitely be a different story, I think.

Julien's statement made me curious and I asked the participants living in the old age home to reflect on whether living in an old age home had taken away opportunities.

Hilda had always been a go-getter and a survivor. Although she stays in an old age home and she is not so strong anymore, her comment was:

I am happy here – no complaints. I love all the people here, I try to help wherever I can and I keep myself busy. What I did in my life, I did it with my whole being. I do feel a bit sad about my grandchildren though. I made them happy and now they do not worry about me anymore, I do not see or hear from them very often ... I accept my circumstances. Although I do miss my children very much I go on with my life ... it is only when one does not carry on living your life, that one becomes demanding.

I asked her what gives her a sense of meaning and purpose, being frail and living in an old age home. Her eyes sparkled as she replied - she talked about the coathangers she covered and decorated and the orders for some more she still had to make. If she sees anyone who needs help, she still goes and helps and she frequently asks for work from the matron. Then she also has a lot of praying to do for her children and a lot of wisdom to share with me. This endowed her life with purpose and meaning.

Hilda showed me pictures of her grandchildren and her face was lit up by a smile. But her face turned sad as she spoke about a picture she does not have – a picture of a cerebral palsy patient she looked after and loved like her own son, but lost contact when her family moved to another town. She crossed her arms and pulled them tight together as if she was embracing someone and her eyes closed as she said: "Oh I loved those children so much!" I wondered out loud which part of her, her grandchildren had inherited – maybe her passion for work or her love for people and disabled children, or her ability to pray or her closeness to God and nature? She answered that her daughter also lives very close to God. When I asked her what it tells her about herself seeing some of her qualities live on in her daughter, she replied that it made her feel good and left her rest assured that her child was doing well. The fact that the children pay tribute to her legacy by calling her "the special lady" makes her story complete. I asked her some landscape of identity questions, and we co-constructed a story of success and contentment.

Although her health is not good and she is not very mobile, Emma does not feel sorry for herself:

I don't feel sorry for anyone who feels sorry for himself – one must keep on living and be an example to society. Old age brought other compensatory things like patience for me. I did not have so much of that when I was younger and now I don't have children or servants to make me angry anymore ... and because I cannot see so well anymore, I learned to be content with what I have. I still paint, although it is not the same as it used to be; and I still crochet, although it is not so neat. But it still gives me pleasure to make things to give to my friends and loved ones.

Emma is one of those people that has few regrets and feels she has missed little in life. A 'gogetter' attitude and integrity certainly followed her on her visits to 42 countries and has not left her since. I was reminded of Emma when I read the following from Le Roux (1999:133): "Talk and travel, love and laughter, useful work or trivial play, learning and contemplation, are the know-hows to selfhelp".

Louis felt that one is only old in one's mind. He feels that a joking and playful approach to life keeps up his spirit. Staying busy and helping people wherever one can, give meaning to one's existence. He expressed a strong desire to be needed, wanted and loved and wants to continue to work to benefit others as he has done his whole life long. Louis felt that successful ageing involved serving others. The wrong attitude towards old age is one of seeking sympathy, he said:

I always had a good heart and tried to be helpful and available to people as far as possible; like the time I took one of my friends who cannot see well at night to the airport after eight o'clock. I was already getting ready for bed when Kobus knocked on my door, and asked me to pick someone that arrived unexpectedly, up at the airport. I was always at the right place at the right time, always been trusted by people and my work had always been on schedule.

To assist Louis in richly describing (White 1997:15-16) his preferred life-story I asked him landscape of action and landscape of identity questions (see Morgan 2000:60-63; White 1992:128-132; Freedman & Combs 1996:96-99) by which he could affirm meaning in his life narrative. White (1992:128) explains that such questions "bridge those preferred developments of the present with the past; they encourage persons to identify the history of unique outcomes by locating them within particular sequences of events that unfold through time".

The following is an example of a landscape of action question I asked Louis: "Yes, you had been a hard worker who made a success of your career. What steps did you take to make a success of your career?" Louis responded:

When you are still alive, you must live – when you are dead people forget about you. Work hard, forget about boozing and drinking, get a nice nest-egg and save enough so you don't need to work till you are too old. I retired when I was 45 but my career was the highlight of my life.

Re-membering conversations (as discussed more fully in Chapter Four) are another narrative practice that can play a significant role in richly describing preferred narratives. During remembering conversations people are able to "link and join with significant others in their lives around shared values, commitments and preferences, in ways that powerfully contribute to the history of alternative stories" (Morgan 2000:84). I asked Louis the following re-membering question, hoping to describe some of his special abilities richly.

And what would the people you worked with and the people you stay with here at the old age home be able to tell me about you?

Louis answered:

They liked me. They always did some special favours for me but I never shut up for anybody. I still try to be significant to the people here in the home by being their handyman and service provider like I have always been."

Each participant told a different story of coming to terms with life and ageing. Successful ageing, although socially constructed and therefore negotiable, certainly occurs in different degrees and is not limited to physical health, psychological functioning and an active lifestyle. The discourses around ageing are mostly negative, as has already been discussed in Chapter One. Socially constructed discourses and ideas regarding old age among younger people include notions such as a decreased income and not contributing to the economy, poor health, reduced abilities, fault finding, complaining, dominating and being confused. Because discourses are constructed within society, we might say that successful ageing is the responsibility of both the individual and society. It should be constructed among people, taking into account their different life circumstances. To challenge the discourses surrounding ageing, society will have to listen to what elderly people say. Only by speaking out against the prevailing discourse can the aged challenge the socially constructed identities assigned to old people and what constitutes successful ageing. All the participants I spoke to want to stay active and to maintain a sense of self-worth.

One of the challenges of successful ageing could be to discover positive meanings of life and death, even when one's health is failing. A positive attitude can be achieved when life has meaning. Meaning includes realising the importance of physical activity and mental activity, curiosity and social activity and rejecting rigid routine (Le Roux 1999), as well as spiritual and existential activities such as prayer and meditation.

A negative attitude could be a threat to successful ageing. As they age, some people become rigid in their beliefs, attitudes and behaviour. They are closed-minded and cannot accept new ideas or lifestyles and stick to negative attitudes, with the results that depression and discontent rule their lives.

Storying ageing is achieved existentially and spiritually. Wong (2000:32) claims that all that is required for successful ageing is a grateful heart, an open mind and a searching soul. Hilda definitely ascribes her successful ageing to her closeness to God and the fact that she always honoured her parents, as the Bible requires. She experienced all her successes, also in her work, as a blessing from God. According to Wong (2000:24), personal meaning is a vital source of life satisfaction and personal growth in old age.

The people I spoke to have something in common: a zest for life and a clear sense of meaning and purpose. They seem to derive energy and satisfaction from serving others and pursuing a meaningful goal that transcends self-interest. All the participants concluded that successful ageing reflects a positive attitude towards life and trying to be as "cheerful and happy as you can". According to the participants, with this kind of positive attitude towards life not much room is left for anxiety about death. A commitment to meaningful living banishes a fear of death and also makes life worth living, whatever their circumstances.

3.3.3.2 Storying death

Although almost everyone knows that he/she will eventually die, elderly people are confronted more intensely with the reality of death. Indeed, according to society, death has become the domain of the old. By contrast, the majority of older adults report they want to extend their life for as long as possible. At the same time, older adults report lower levels of anxiety about death as compared to the young. These low levels of anxiety are associated with religiosity, a saturated self, a strong sense of meaningfulness.

Public attitudes about death at a young age versus death in old age were illustrated by public reaction to the deaths of Mother Teresa (87) and Princess Diana (36) which occurred within about a week of one another. Most people seem to be expected to die in old age, having had time to complete their tasks and leave a legacy (Tomer 2000:2).

Old people are faced with their own mortality. This also includes dealing with the cumulative losses of important people in their lives, as well as the possibility of living too long and wishing for death to come (McDowell 1997:11). Some people fear dying because it means losing control of their lives and it means eternal invisibility. Death is an ending that leaves many things undone; words not spoken, wishes unfulfilled, tasks to be finished and dreams to be realised (Le Roux 1999). In addition to the above fears, Wong (2000:30) identifies the fear of the pain of dying, fear of separation, fear of the unknown, fear of divine judgement/punishment and fear of loss of self or lost opportunities.

Life teaches us how to survive, while death teaches us how to live. We cannot appreciate the preciousness of life without coming to grips with the reality of death. The fear that death will come before they have lived a meaningful life makes people more afraid of a meaningless existence than of death (Wong 2000). One's final identity is defined by one's experiences, or by who one has been. Thus anxiety about death not only results from an inability to complete one's goals, but from a failure to find personal meaning for one's life and death:

"I don't think people are afraid of death. What they are afraid of is the incompleteness of their life," wrote a 30-year old man, dying of acute leukaemia.

(Wong 2000:30)

Death loses its threatening aspect when it is seen only as something that brings a natural conclusion to a completed life task. Those who can look back at their life with a sense of having lived a meaningful life have less difficulty accepting death, less despair – and have a sense of satisfaction in having contributed something of value during their lifetime. One sometimes hears someone say: "I've already lived a long full life – God can now come and take me." Death thus raises the issue of the meaning of life and the purpose of the world. Death makes us question the meaning of life; thus, how we react to death has a considerable impact on how we live. In old age, where people can organise their own time, more people are free to explore the deeper meaning of life.

Narrative pastoral care can assist an elderly person to describe his/her life richly and to develop hope by inviting the person to re-author his/her dominant life story. Tomer (2000:13) claims that to review and evaluate the past, to decide which aspects of the past to keep and which to reject to consider one's wishes and possibilities for the future, brings about a transition from life review (considering the past) to life planning (considering the future). As one writer in Meyerhoff's (1986:266) study comments: "The past mysteriously invites us to know the closely woven meaning of its moments".

Glaz (2000) found in her study with 40 seniors that ageing does not imply an exaggerated preoccupation with death or death anxiety. The participants in my study confirmed this understanding of how we come to terms with advancing age and the prospect of death have changed. What I heard from the research participants altered the discourse I lived with that death is the central theme in the narrative of ageing and the only thing old people think about. I learned from the participants that the prospect of death is not pre-eminent in focusing late life experience. Many adults age successfully and come to terms with prospective death. They end up being quite satisfied with who they are and the values they have lived. The quality of the past helps them to manage the present. When they review their personal history and tell their stories, they do so not so much for the sake of putting history and experience in order, but to draw on it to manage the present.

Preoccupation with mortality and worries about death and dying rob one of the joys of living. The participants told me that they do not think of death that often and that they do not fear death. Hilda said:

I am not afraid to die, but I am afraid that I shall be found unprepared or not ready to go to the Lord when He calls me.

Hilda has been in two car accidents, has survived a cloud-burst when she was still very small and has recently had three strokes without any lasting damages to her health. After she had told me about her near-death experiences, I asked her a landscape of identity question (Morgan 2000:62) in order to describe her life-story richly: "What strength or quality or speciality do you have that made you come back to life every time?" Hilda replied:

I still had a job to do here on earth. I worked with children with cerebral palsy ... I had a special care and caring feeling inside me ... and I loved working – I worked till I was 75...

Perhaps because her motto in life is "I like to make others happy, that makes me happy", it is possible that meaning, relatedness and positive attitude have helped her to face both the changes in her life and death without anxiety.

Julien also does not fear death but she does fear the things that precede death, like illness or a possible stroke that can leave her paralysed and out of control. Her husband's first wife, who was also a very dear friend of Julien's, was ill for years before she died.

Victor sat and listened to his wife and me talking. His mind was wandering off somewhere else and I wondered if he was thinking of his first wife and her long sickbed and the care he gave her which Julien praised him for. When I asked his opinion about death he just said with a sweet smile and a quiet but determined voice, gently swaying his head: "No, I am not afraid of death at all – not at all." With that the subject was closed, as if no further discussion was necessary. I almost got the impression that most of the other participants, except for Hilda, also were not eager to talk about death, as if it is not necessary to discuss it – it is almost a foregone conclusion, which does not need to be discussed. For them the sting of death is removed by faith in resurrection and eternal life, and they look forward to returning to their Heavenly Home on the basis of their faith in Christ. As the Apostle Paul declares: "Death has been swallowed up in victory. Where O death, is your victory? Where, O death is your sting?" (1 Cor 15:54-55). They all indicated that it is definitely not the only and most important thing they want to talk about. They would much rather talk about life and the things they had all the answers to.

3.4 HAS TIME STRAINED RELATIONSHIPS OR NURTURED THEM?

Grow old along with me
The best is yet to be
The last of life for which the first was made

(Childress 1984:27)

I wondered if the invitation in the poem to grow old together and the promise that being old together will be the best part of the relationship hold true in all relationships of elderly people.

The narrative of late life might include a threatening period of self-revision in order to serve humanity in the years beyond the time in which a person's primary identification was with

parenting and career success. Suddenly, during old age, it is again the marital relationship that becomes centralised. Gutman (cited by Glaz 2000) believes that women achieve a state of readiness for late life in a different manner from men. Gutman also states that men become less aggressive toward the world and demonstrate a greater interest in caring for the young – or rather instructing the young and encouraging their appetite for learning. They suddenly want to become involved in their children's lives, some feeling that they had missed out on their children's lives while they were younger and still working. Women develop late life interests beyond the home and toward greater self-expression. Men, on the other hand, may have few sideline interests or hobbies after retirement because earlier on their whole existence was occupied by their job. As men and women in a marriage/relationship might (e)assert these previously underdeveloped interests, this (re)assertion of the relational self evokes a revisiting of issues of gender identity that may challenge the marital relationship (Glaz 2000:229).

The patriarchal discourses surrounding marriage and permanent relationships tend to depict women as needing supervision. According to the feminist school of thought, male-female relationships tend to be characterised by inequality to such an extent that a woman's definition of self-in-relation during marriage might be significantly shaped by patriarchal discourse which constantly reminds a woman of her "second order existence" (Isherwood & McEwan 1993:38).

Many women in the current generation of older women have defined themselves, or were defined, in terms of traditional patriarchal roles and discourses. At the beginning of the twentieth century, they were not convinced that it was in their interest to become independent and therefore they accepted their dependence as prescribed by their social context. This dependence on relationships later became a burden to many women which they only confessed after the death of their husbands. A number of elderly women currently in their seventies and older went directly from the parental (paternal) home to stay with their husbands. The first time such a woman lives alone is after her husband's death, and this can be a daunting and even frightening prospect. It can also be a period of liberation and self-discovery. Older widows who spent much of their lives focused on the care of others (in the role of wife or mother), are now able to direct their generative and creative energies toward defining an alternative self and preferred identity.

My conversation with Hilda about her husband confirmed the above.

We did grow closer to each other through the years, but my husband was a hard kind of man, stubborn ... he always just wanted to go to the bioscope and hang around and I wanted to work to provide for me and my daughter ... Only after he died, I lived the life I really wanted.

Emma also indicated that she loved her husband very much. Years of suffering and hard work drew them closer together. The one day when I visited her, I found her tearful. She explained:

My greatest sorrow was when my mother died, and the other was when my husband died ... it is the anniversary of his death today ... it has been 22 years since he passed away and I still cry over him. He never got angry, you know, but he was very quiet ... and eventually we grew apart because I was the only one who talked and he was always just quiet.

When I asked her about any other relationships which she might have had after her husband died, she smiled and said:

There was this man who stayed here, did you know him, Oom Johnny, we had a nice relationship, it was only about the talking, nothing else. When he left he kissed me good bye, there in the lift lobby, and I felt so embarrassed, just like a schoolgirl. We always used to joke with each other ... all the others are so dull, it was nice to have someone to joke with.

The pain added to a person's life story by divorce can be very hurtful. I looked down and pretended not to see the tears when Louis talked about his divorce after 33 years of marriage. His love for his wife was still present in his words and deeds. "She was my first love, " he said with a little smile. He still takes care of her flat when she is living overseas. He pays her bills and repairs whatever needs to be taken care of. "What took away your happiness then, after all those years?" I asked. He replied:

Couples tend to drift apart when they grow older. It actually had been coming for a while ... I would say it is a matter of communication ... it started when we were still young and it got worse the older we grew. I worked terrible hours and was seldom at home and there was just nothing left to say later ... and she started doing her own thing. She still had some family in Italy so she moved there, she does visit quite often though – but the words between us became so few.

Women have traditionally provided a comfortable and secure private sphere from which men could make their mark on the "real" public world: "His achievements are noted in marble; hers are overlooked and taken for granted" (Isherwood & McEwan 1993:123). With loud and proud voices men can pronounce that their jobs were their pride and joy and how many hours they devoted to it. But what happens to marriages while men become successful? Where do words and feelings

go in the meantime? Is there any relationship left once he has reached the top of the ladder of success? What happens to relationships when they have to compete with careers? Is that why words became so few for Louis and his wife and for lots of other couples too?

In Hilda's case, she was the sole provider for long periods, because her husband lost his job a few times and she was able to get jobs. She loved working. The myth that it is best for women to be at home, in a private, quasi-cloistered sphere, tending their men (sherwood & McEwan 1993:123) did not apply to Hilda. Her love for her work and her faith in God kept her family together and even kept her marriage going through tough times.

The Hiemstra couple were both positive about the effect of age on relationships. Victor, whose first wife died after a long sickbed, said that he experienced their relationship as growing closer as the years went by. The fact that they had children connected them even more closely. I visited Victor after his wife died a few years ago, and found him mourning and remembering her with loyalty and respect – he missed her very much. He said:

I think ... I hope that I gave my family a fair deal of love and attention despite of a demanding career and being very busy at that time.

With Julien, his second wife, the relationship is different. They have things in common and they share these, they communicate and have a very active social life. Julien describes it as one of the advantages they still have as elderly people, the privilege of having someone to communicate and share things with. In their case, their relationship is a gift of old age and much treasured. She mentioned though that there was one thing that undermines their relationship somewhat, and that was impatience:

Victor sometimes lets himself be ruled by impatience and his companionship with his watch that he cannot break free of.

I wondered in silence about the role impatience plays in straining relationships. Is it not a pity that so many of us listen to the voice of Impatience when we are in a hurry? When Time and Getting Behind are on our heels, forbearance is left behind and one more scar is left on a precious relationship. Time – whether it is measured in years to come or in minutes and hours gone by – is an enemy to physical maintenance, it is the thing that grants youth or makes a person old. Some like to stay behind in time (the elderly) and some live only for the future (young people). This aspect is reflected upon in the last chapter.

3.5 CLOSER TO DEATH, CLOSER TO GOD? OLDER PEOPLE'S SPIRITUAL POSITIONS

It has long been known that people tend to become more religious with age (Cozad Neuger 2001:219). Various studies quoted in Cozad Neuger (2001:220) have indicated that people pray more, read the Bible more, and even attend worship services more as they grow older. These studies also indicated that many of the elderly rely on worship services, Bible reading and prayer for daily sustenance – especially women. Women also use religious resources when they make meaning in their later years:

By rooting themselves in God as the basis of their being, elderly people find in God the source of self-esteem they never found in themselves (Magee 1992:23). Their cherished – or sometimes troubled – relationships with family and/or children are also left to the same God. Adults know they have little influence over the younger generations. As Hilda said about her grandchildren, who practise their religion differently from the way she herself does: "The issues in their lives are beyond my control. I still pray for them and I have to entrust them to a caring God."

The participants who talked about God in this study knew God as loving and caring throughout their lives. However, there are elderly people who have not experienced God in this way. Some elderly people were brought up with the discourse of a "patriarchal judging God" which results in their experience of God as judging them and punishing them for sin. A lot of women seem to experience religion as it has been reinforced by sexism, resulting in the undervaluing of one half of humanity (women) and defining the other half (men) as superior.

I found it strange that a few of the participants did not really speak about the role of spirituality as much as I had expected them to. I – and a lot of other people – have been misled by the discourse that elderly people are just sitting around and reading the Bible and praying, and have nothing else to talk about except religion while waiting to die. The way in which this assumption was challenged was again proof to me that I must always be "not knowing" and must not "predict" the outcome of the research.

In a study by Glaz (2000), elderly people were interviewed about their spiritual life. Reflections on this study linked well with what I experienced in my own conversations with the elderly – they do not talk about their religion all day and they are even quite reticent about the topic.

Religion does not seem to be something fixed, but is open for preferred ways of living spirituality. Glaz (2000:242) wrote about not-spoken-of spirituality as follows:

Each of these women lived her spirituality truths, but spirituality was something neither of them spoke about easily. Josephine's was a very practical spirituality. Love your family, be friends with the world. Use common sense. Walk a lot; it beats indebtedness. Be glad for what you get. She was eager to pass on her wisdom to me, not only by words but also by example. She would have hated my pity and had absolutely none for herself.

Margaret, on the other hand, practised a different kind of spiritual truth. Be responsible. Let ideas in. Seek authenticity and integrity above all. Keep learning. Keep your mind open to the truth, even if it hurts. Accept what is. Contribute to others.

These are not Christologically laden, theologically profound statements about what matters in life ... but they are representative of the spirituality I often heard ... most of them were not absorbed in thinking about loss and death None spoke about eternity or confidently about an afterlife ... whether religious or not they faced their age gallantly, simply and with good-humored wisdom ... and when confronted with death, faced the thought of it and managed.

None of the participants in their seventies in Lisa Greenberg's study (cited in Cozad Neuger 2001:221) mentioned religion as a source of satisfaction and fulfilment. During my discussion with the elderly, I asked the following question: How did your spirituality and faith conviction change or influence your life?

Victor Hiemstra's answer to the question about religion and his work was this:

I cannot say that my work as judge was much influenced by my religion or faith. As a child I was very fond of my mother (who died when I was 11 years old) and she taught me about honesty, righteousness and fairness which I practised in my career later.

I also got the impression that talking about religion was like talking about sex in the past – it was not something to brag about. As Emma said:

My whole spirituality is grounded on Psalm 23. I do not walk with my religion on my sleeve like some of the others. I thank God silently for all I have the whole day long – and I do have a lot to be thankful for. I do not desire anything and try to be good to others.

With all the participants I experienced reserve in talking about spirituality, except for Hilda, who in every story acknowledged God's role and the role of faith in her life:

God tells us in His word to respect one's father and mother and I did that and He blessed me for that. God helped me my whole life in all that I had done. He saved me through disasters and accidents. Every morning when I wake up I say: 'Good morning God, good morning Jesus – thank you, I am still alive'.

Emma told her story of controversial opinions and how experiences empowered her as a source of wisdom with the Reformed Church in Swaziland, where she lived as a child:

My parents were Doppers (from the Reformed Church) – the Dopperkerk was my guardian but I am nearly 85 years old and they do not even know if I am still alive today. My father played a fiddle and we were a laughing, singing family. But a Dopper was not allowed either to drink or to dance or to dress fashionably and when the church found out that Father had been at a wedding party, even only to play the violin in the band, they forbade us (the whole family) and Father the use of the sacraments. He left the church then and my husband and I went to the Dutch Reformed Church.

Christian theology has resources which can guide an enriching and empowering spirituality of ageing. Unfortunately, the church has tended to prioritise and interpret theology in the light of sexist and ageist hermeneutics, instead of focusing on the value God finds in all of creation and the delight God finds in our being. The systems of salvation, of spiritual development, and of connection to God have an individualistic emphasis, despite conversations about the body of Christ being central. For all of us, but especially the elderly, the power of relationships and dependency on other members of the community are valuable and essential realities (Cozad Neuger 2001:235). The last thing elderly people need is to be isolated. What they need is to be connected to someone and something.

As pastoral therapists and caregivers we need to reaffirm God's creative and redeeming presence, along with God's love for all people, especially among those who have been dispossessed and oppressed, and to empower and bring liberation to them. We need to listen to those people hurt by sexism and ageism in our traditions and confront the theological oppressive myth system. We must be willing to help older people *learn* to name their experiences of God and to tell their spiritual stories and claim them as sacred. Awareness of an older person's life story in connection with his/her spirituality can determine appropriate kinds of spiritual care. They may need to talk, to read Scripture, to pray, to address painful memories, to speak about theodicy, or maybe for the caregiver to make contact on his/her behalf with a minister of his/her own denomination (Cox 1996:120).

Sharing their life stories took us into several directions and one thing led to another. Eventually we came to the topic of what meaning and hope are and what sustains them in the life of an elderly person.

3.6 MEANING AND HOPE

Hope and meaning are two closely related and interdependent themes that came up quite often during our conversations and I therefore looked at them more closely.

3.6.1 What is meaning?

What constitutes meaning is once another social construct and is open to different interpretations. Social measures of what constitutes meaning vary between physical health and strength, loss of status, decreased income and economic contribution, and even the presence of mobility and sensory acuity (Thorson & Horacek in Le Roux 1999:123). I prefer to see meaning in line with feminist ideas of relationality and community and also Ubuntu, which means that a person is a person because of other people (Ubuntu is discussed in more detail in 6.4).

The notion of finding meaning within loving relationships reminds me of a key concept within feminist theology, namely relationality (Hogan 1996:202). Relationality includes aspects of interdependence and mutuality, where "individuals (women) define themselves as connected in relation to others, they understand relationships as response to another on his or her own terms" (Hogan 1996:203). Community, in feminist writing, is centred on ideas of mutuality and caring (Gelder 1996:31).

Emma has the gift of community with 14 grandchildren and five children who take turns to visit her or take her out for a weekend:

I love my children so much and they actually compete with one another to ask me out or treat me. It means so much to me to know that they still want me around.

Meaning is not purely dependent on a state of mind, but also on interaction between us and the world (Le Roux 1999). Something has meaning when it connects with something else, when it is

experienced as part of something greater than the self, when it is membered, when it stands in relation to something or someone.

By realising creative values, for example by the work we do, we can give meaning to our lives. However, realising meaning in life through our jobs and careers can be seen as a capitalist endeavour that gives prominence to individual gains. This capitalist endeavour is also in direct contrast to the feminist ideas of community and relationality. The elderly are marginalised by a capitalist emphasis, because an older person who either chooses not to or cannot work, may be required to set aside any hope of the realisation of his/her creative values.

As Emma said, she could still mean something if she was able to work, but because of her bad health she was "robbed" of being valuable and meaningful. We did manage to co-construct a meaningful alternative story by valuing her contribution of love and wisdom to her children and grandchildren, and to me, through the stories she told me and that were written down. By doing that, Emma realised that a job and the capitalist discourse around meaning are not the only measures of a valuable life. There are opportunities to find meaning in the beauty of loving relationships, by experiencing human beings as unique and loving them. Human beings are born to love, to become even more deeply aware of each other and to respond to others in loving concern (Le Roux 1999). Perhaps our joy in living and meaning in life comes from a sense of our participation in relations – in community. A young girl in an Afrikaans drama, Siener in die Suburbs (Du Plessis 1971) said: "Ek wil net van geweet wees!" (I want to be known of) and the same is probably true of all of us. Is that not the essence of all pastoral therapy – to get to know people through their life stories, to create a new space wherein they can be loved and known? Therefore, separation from others – isolation by word, deed, illness, age or dying – is the epitome of loneliness. No human being can do without participation in social life. In the case of the elderly, special care must be taken to encourage a lifestyle that does not isolate them and that provides contact with other people. Their need for love and the warmth of human touch does not diminish with age.

For elderly people who are not in old age homes and are still healthy and mobile, the risk of becoming isolated is not so great. The Hiemstras, for example, can still travel and visit old friends because they stay close to many of their friends. Added to this, their financial circumstances and state of health promote a lifestyle of independence and their satisfactory living arrangements are ideal for social integration.

They both agreed that travelling and what they learn from it make their lives meaningful. Julien added:

Good food and eating are things that add meaning to our lives at this stage and the privilege of appreciating things – like the beauty and grace of trees – I never had the time to appreciate trees, nowadays I absolutely love them.

The participants in the old age home I interviewed are noticeably more isolated and have less social interaction. Hence a sense of meaninglessness can attack their self-esteem easily. Most do not have any meaningful relationships with other residents, except maybe one or two, and I heard a faint cry from Hilda that it would be nice to know the other people living there a little better, "because we are like one big happy family here", she said. After all, many of the residents have minimal contact with their families and by "adopting" the others can add so much meaning to their lives. From conversations with elderly people living in retirement homes, I gathered that these people would find meaning in their lives through relationality – being part of meaningful, caring relationships with others.

While meaning is something that can be found, hope is something that cannot be found – it is created when people care.

3.6.2 Creating hope

Weingarten (2000:402) refers to hope as something we create. Hope is not a characteristic of the individual only. A person can be loved into hope when people who care and practise hope together surround the person who is in need of hope. The elderly, who often view their existence as hopeless and meaningless, especially need to be loved into hope and to be reminded of their value to the community and other people. For the elderly, hope is not a product of the quantity of time they have left, but of the quality of relationships, divine and human, in which they spend that time. In this, we, as pastoral carers, can assist them, loving them into hope by remembering their sources of hope throughout their lives. It is also our responsibility to remind the community of the existence of elderly people without voices.

Hope must transcend life. Hope that is tied only to life will end when life ends. For those who have lost hope, facing death is also more painful and more meaningless than for those who have a purpose and clear mission in life. A participant in the study by Wong (2000:26) expressed the opinion that hope and meaning involved serving others and leaving a good

legacy. Therefore hope does not allow much room for anxiety about death. For that reason we focused on the topic of keeping a person's legacy alive (see Chapter Four for more detail) to increase the value of his/her goals and accomplishments and to keep hope alive.

In our conversations we spoke about what brings hope and meaning to the lives of the participants. As in the literature (Le Roux 1999), I heard that hope and meaning to them are interrelated. The love for her children, as previously mentioned, is the most important source of meaning for Emma, and visiting and seeing them often is what she looks forward to most – that is what keeps her going, that is what gives her hope and meaning.

Hilda finds meaning in her relationships with the people she lives with and in the work she is doing and in helping others, although it is on a much smaller scale than she used to do. I asked her: "Do hope and meaning walk together – if one loses hope, does meaning follow in its footsteps?" Her answer was: "One has to have a goal in life. My goal is to make other people happy. One has to be happy in yourself to make other people happy. As long as I can still work and mean something to others, I am happy."

A different way to name meaning and hope is to call it "something to look forward to". For the Hiemstras the things they look forward to are very much the same as the things that gave meaning to their existence before. Victor implied that he is past the stage of making big schemes and setting goals, he is quite content to be healthy and happy every day; that is really all he asks for. He also likes the idea of being remembered one day; he still carries in him the hope for future generations and a future of his own:

These are the things that make old age meaningful ... and of course to be retired and to be on an everlasting holiday [laughing]. To travel means a lot to us and we are both thankful to see well enough to do lots of reading. And that is so wonderful, to read about interesting things – not stories – one can still learn from.

For Louis it is different. He used a psydonym in participating in this study. I respected him for that but could not help wondering why he does not want to be known now and he does not see any need to be remembered after his death. He still adds meaning to his own life by meaning something to other people. Has invisibility managed to steal away his hope for a future and his legacy? The connection between his work, his world and his future world had suffered such a hard blow under the voice of unworthiness that hope and meaning were not strong enough to lift

him up again. At the time I touched on the topic in our conversation, he seemed in a hurry, looked at his watch and seemed disinterested in discussing it further. I respected that too. When I left I intended to go back once again and try to deconstruct unworthiness, and through care reconstruct a narrative of hope and meaning. Because of my studies and the time devoted to writing my dissertation I have, however, temporarily stopped my visits to the old age home and the elderly. Therefore I have not yet visited Louis again to deconstruct the above mentioned issues, but plan on doing so as soon as I am finished with my report.

3.7 CONCLUSION

By witnessing their stories about invisibility, relationships, physical condition and spirituality, I could hear that most of the participants have learned to cope with ageing and its restraints by practising a positive attitude and by recognising the hope and meaning still present in their lives and stories. Through their relationships and participation with people and the community of care they live in, they also find meaning. They have not let go of their goals and visions, and have succeeded in challenging the discourse of the insignificance of elderly people. All people, no matter in what stage of their lives they are, need a future story that has meaning.

In the next chapter I discuss pastoral care to the elderly as well as the methods I used to give voices to the voiceless again; things like just listening to their stories and assuring them that they will be remembered, that their legacies will be kept alive.

CHAPTER FOUR

PASTORAL CARE FOR THE ELDERLY

4.1 INTRODUCTION

In Chapter Three I wrote about some issues that the elderly people I interviewed raised and that are important to them. In this chapter I want to show how to give voice to those voices that were silenced by giving pastoral care to the aged and by listening to their life narratives. Questions that I asked around areas that specifically interested me were: What adds meaning and hope to their lives and how do they view the fact that their voices are sometimes taken away? I also wanted to know how are they made to feel invisible. In this chapter I also discuss the need for pastoral care regarding these questions and issues.

4.2 DOING THEOLOGY THROUGH PASTORAL CARE

Practical theology should be understood as "a form of political theology" (Heitink 1993:65). It is about what we are called to be as People of God, and what action this requires in the world (Cochrane et al 1991). A practical theologian can become an enabler of prophetic words and deeds within the congregation – a facilitator of communicative praxis, an agent in the "mending of God's creation" (Ackermann 1996:34).

Being an enabler of prophetic words and deeds involves "unambiguously [taking] the side of the oppressed and [serving] the cause of justice and liberation" (Cochrane et al 1991:57). The task of prophetic ministry is to nurture, nourish and evoke a consciousness and perception that is an alternative to the consciousness and perception of the dominant culture around us. Thus in the work with elderly people I see my prophetic task as challenging dominant, oppressive ideas regarding old age, reconstructing old age in more life-giving, empowering language and understandings. Prophetic ministry is about energising people concerning the promise of "another time and situation ... to live in anticipation of the newness that God has promised and will surely give" (Brueggemann cited in Gerkin 1991:71).

In more traditional theological language, imaginative prophetic pastoral guidance is a calling that is dependent upon and to be exercised as a gift of God and that has been made available to us in the stories of our tradition and as that wisdom reveals itself to us in the events and issues of our present life (Gerkin 1991:71). I must therefore seek, as prophetic pastoral caretaker, to embody and respond to the wisdom of God within the contemporary situation of God's people – in this case the elderly – to create a new reality with them. As God is an active God, I must also be active in the process of bringing about a new and transforming reality and not simply preserving the old (Gerkin 1991:71). Bosch's (1991:424) statement (already cited in Chapter One) that contextual practical theology is concerned with "doing" emphasises the active process of bringing about change and transformation.

Within a feminist theology of praxis the point of departure for doing theology is a concern for human suffering and the mending of God's creation (Ackermann 1996:33). Praxis has come to mean a practice or action, which is subject to critical reflection and engaged in social transformation towards the human good – action shaped by a particular set of values and goals. It includes an intentional practical engagement in application and doing, a shift from protest to reconstruction. Praxis has become the technical term for the action/reflection mode of learning and teaching. Solle (quoted in Ackermann 1996:42) comments on the meaning of this dimension of praxis as follows:

Theological statements contain as much truth as they deliver practically in transforming reality...From a Christian point of view, theory and praxis can be understood today only in their unity, which means truth is not something that we find or by which we are found, but something that we make true. The task of describing the relationship between God and humanity is intrinsically an historical and practical act.

According to Graham (1996b:147), all pastoral practice, be it counselling, listening, telling stories, times of worship or mediation, is about creating space in which human and divine encounters can flourish. According to feminist models of care, community and worship are renewed visions of the Divine. Listening to the many stories of the elderly is therefore an application of practical theology; by our reaching out to them, they can encounter the Divine, it brings theology into practice, it is pastoral *praxis*, "word made flesh" as Graham (1996b: 147) calls it.

Doing theology is also doing ethics. Ethics remains incomplete unless it also seeks to become part of the process of finding solutions. That is why it is necessary to speak of praxis where

intellectual development and practical transformation are welded together. The Christian gospel involves God's seeking from us not merely intellectual assent, but faith – and faith without works is dead, according to James 2:14-26. Pastoral care as a way of doing theology also involves empowerment. Not only must Christians be motivated and empowered to move out of their "comfort zone", but they must also empower others. Jesus did that by paying attention to the people whom everyone else ignored and by delivering them from whatever held them in bondage (Kretzschmar 1994). People all over the world need liberation from fear, uncertainty and the desire to control or oppress others. Theological ethics, therefore, adopts a world-transforming rather than a world-escaping approach to social and physical realities. God wants us to take part in the restoration and re-creation of the fallen and broken world we live in. God's concern for righteousness, justice, mercy and the correct use of political and spiritual authority must be seen in our taking care of the social and personal dimensions of people's lives (Kretzschmar 1994:22).

Pastoral care is also about restoring dignity. Traditionally, human dignity was assumed to be an innate thing, a natural endowment, given in our creation "in the image of God". However, to liberation theologist Mgwane (1994), this endowment is denied to many marginalised people, the "others", like the poor, the differently abled (Grobbelaar 2001b), the differently coloured, the sick, the powerless and the aged. To invoke dignity through (liberatory) praxis is a dignifying activity. It is to claim liberation for "them" from oppression by the "us". By listening to their stories, by taking notice of them after they had been "put out of the way" for so long, by giving them a voice again, I was attempting to reclaim their dignity and honouring their identity with them. After each visit their wrinkled faces glowed and they expressed the wish that I would come again soon – their dignity restored for that day as someone worth listening to.

So what would a liberating theology for the elderly be then? What can I do to initiate transformation for them? In the next section I discuss the value of inviting elderly people to tell their life stories as a way for transformation, preventing them from being marginalised and invisible and assisting them to be acknowledged and visible.

4.3 GIVING A VOICE TO THE VOICELESS

Pastoral care with the ageing is enhanced by an empathetic understanding of the centrality of storytelling in their lives (Randall 1986:212). Storytelling is a particular medium for expressing "wisdom" gained from living a life. The significance of storytelling for older people is the way it draws on prior experiences from the past to make sense of information in the present (Le Roux 1999:131). Telling stories can satisfy the search for meaning in life and the need for self-esteem. The only problem is that people do not listen to the stories of the elderly. Cultures select some versions of stories as legitimate or worthy of acknowledgement as true and important, denying, repressing and marginalising other versions of stories. This happens in large cultures, in Western civilisation as well as in small cultural circles like families and old age homes.

One of the themes that emerged as I talked to the elderly during my research, was their experiences of invisibility and the consequences of being unnoticed. Among older people, people who are facing death and disappearance, the problem of social inattention is serious. They may come to doubt their worth and potency, their value and also the very fact of their existence. However, through telling their stories, these elders could present themselves to the world and become visible. Through storytelling they interpret the meaning of their history to a wider outside world that will remember them after their death. They transmit something of their lives to younger people, no matter what the dominant discourses about older people want us to believe (Meyerhoff 1986:263).

4.4 LISTENING, WITNESSING, CARING

When we listen to an elderly person, telling his/her life story, we are witnessing a long life and by witnessing his/her historicity and making him/her more visible we are showing empathy and care. Therefore listening, witnessing and caring are all links in the chain of pastoral care and sharing humanity. Without the one, the other is not possible:

To tell a story, a life narrative, requires the availability of listeners who give themselves empathically, listening non-judgementally. Within a safe environment and through the presence of a listener who mirrors and acknowledges one's achievements and actions, one's lifestory can be witnessed. To validate, protect and nourish his/her lifestory is to care.

(Randall 1986:213)

By striving towards a feeling of connectedness with the elderly, a "participatory consciousness" (Heshusius 1994) developed between the participants and me as if the boundaries between the self and the other were dissolved by a deep connection and kinship. According to Heshusius (1994:17), abandoning all preoccupations with the self and providing complete attention and profound openness to the 'other' reflects a participatory mode of consciousness. I think this was very true for the research participants and myself – because of this deep connection and kinship between us they came to feel almost like my own grandfathers and grandmothers.

Listening to a story constitutes both the listener and the teller and opens up space for mutual care. Frank (1995:17-18) explains:

Storytelling is *for* another just as much as it is for oneself. In the reciprocity that is storytelling, the teller offers herself as guide to the other's self-formation. The other's receipt of that guidance not only recognizes but *values* the teller. The moral genius of storytelling is that each, teller and listener, enters the space of the story *for* the other.

Listening needs to be approached with attentive care. The person who entrusts you with his/her life story, relies upon your presence and to confirm and validate him/her *via* the story. Through this listening, we seek to open up space for aspects of people's life narratives that have not yet been storied and to move away from a discourse which sustains the dominant story. So in listening "deconstructively" (see also "Deconstruction" in 2.4) to people's stories, listening is guided by the belief that every story has many possible meanings.

The listener (pastoral carer) interrupts the storyteller at intervals to summarise, look for gaps in our understanding and ask for more details or to listen for ambiguities in meaning. In considering the questions of the listener, the storyteller (re)examines his/her story in a new way (Freedman & Combs 1996:47). In my case, sometimes a visit took up to three hours. It was not easy to keep track of all the facts and different turns in the conversation, but I knew that my presence and willingness to listen made the world of the elderly person a new and different reality.

When we get to know someone's life story, it helps us to move from problems or a problem-saturated story to the person and in that we underwrite the motto of narrative therapy: the problem is the problem, the person is not the problem (Morgan 2000:45). Our listening is also directed to get to know the person outside the influence of problems and therefore the

storytelling was sometimes prompted by me in search of an alternative/preferred story by asking questions such as "What does it tell you about yourself that you can still do or mean something to someone else?" or "What adds meaning to your life?" in connection with stories of invisibility. The answer almost always came with a smile and a positive answer, for example: "I feel that I still have a purpose here." I also asked Hilda: "Which quality do you have that helped you cope with the feeling of invisibility and voicelessness after your granddaughter put you in the old age home without your permission?" Hilda replied: "At first I could not cope, but then I started praying and doing some tasks around here, and now I love a lot of people living here ... I now feel that I belong here."

During our conversations it was not often necessary to prompt or stimulate storytelling. There were times that I actually wished the participants would focus more on one specific topic. They easily touched on different topics as their memories arose in their mind's eye. I found that their attention was easily distracted. As soon as a particular event in their past came up, they easily started talking about that event and the initial point we were talking about was ignored, although they did return to the initial topic sometimes. This could be seen as confirming one of the dominant discourses, regarding old age namely the lack of order of thought.

Only one of the participants' memory was not so good and I had to be a story-enhancer, affirming the meanings he gave to his life narrative. I did this by implementing the practice of "panning for the gold" (Wylie 1994) with comments such as: "Yes, you went to university at an early age, God had blessed you with exceptional talent." I also inquired as to the person's role in furthering God's blessing through the steps the person took by asking: "What strengths and qualities did you apply to develop these God-given talents into a successful career?"

When someone is found "without a lifestory," or with his/her "archives" empty (Randall 1986:214), that could be a result of either Alzheimer's disease or depression which has invaded their lives. Some individuals may have lost only a part of their life stories due to Alzheimer's disease for example, while others may feel they have no story left at all, due to depression clouding out their view of the future as well as their past. In this case a pastoral caregiver can, by caring and genuine interest, invite a person into storytelling and relating these stories to meaning and hope (Randall 1986). Fortunately none of the participants I spoke to were troubled by depression or suffered from Alzheimer's disease.

By re-authoring a person's life story and giving altered versions of a person's narrative, we can contribute to a person's preferred self. By creating space for an alternative story and a view from a different perspective, we open up new ways of understanding, appreciating and shaping life narratives for the elderly. These alternative interpretations support the continuity of the person's preferred self and help sustain the self in meaning. Andrews (2001:266) claims that conversation and connection are just as important as providing food and a roof. It provides form for acknowledging people's stories and lives.

By listening to elderly people's life stories, I could acknowledge and witness their stories and lives. Witnessing the life stories of the elderly involves reclaiming their dignity. Witnessing a person's story can restore dignity and humanity of someone who has lost much of what we associate with "dignity", independence or control over one's life.

White (1995:71) and Meyerhoff (1986) describe witnessing another's life story as a "definitional ceremony" which involves outsider witnesses as a witnessing team, acknowledging and authenticating people's claims about their histories and about their identities. Meyerhoff (1986:267) an anthropologist writes:

Definitional ceremonies deal with the problem of invisibility and marginality; they are strategies that provide opportunities for being seen and in one's own terms, garnering witness to one's worth, vitality and being.

Weingarten (2002:3) reflects on the necessity of witnessing the life stories of the elderly in order for them to become visible within a dominant oppressive culture of ageism: "The ill and old and dying need witnesses and their witnesses need witnesses too. Expanding the community of witnesses is the key to solving this impasse" (Weingarten 2002). Inviting more witnesses into the world of the elderly becomes another way of doing theology through pastoral care.

Embracing and holding onto the above ideas regarding listening and witnessing as care, the next section explores another valuable way of doing theology where pastoral care is understood as "hearing and remembering" (Patton 1993:7).

4.5 HISTORICITY AND RE-MEMBERING

Patton (1993:40) argues that if the people of God are called to care for one another through hearing and remembering, then the central act of pastoral caring is hearing and remembering in relationship.

Gerkin (1984:112) stresses that "to tell a story is to have a self, and to lose the sense of story line of one's life is to loose the sense of being a self". "Talking is remembering" (Schank quoted in Frank 1995:61) – the importance of telling one's life story is highlighted by Frank (1995:61) when he refers to Ricoeur's argument that "the self only comes to be in the process of the life story being told". As Victor Frankl said: "[T]hey remain in the client's museum of the memory" (in Lantz & Lantz 1988:48).

Many of the elderly people I see and talk to spend most of their time and mainly sleepless nights with memories of the past, going through albums, looking at pictures, reviewing their history and touching the sacred objects of their lives. Anyone who is willing to talk and listen to them becomes an audience to their stories they so desperately want to tell and re-tell – a witness to their historicity and identity is all they wish for. It was with great pleasure that I took up the invitation to be a witness – pastoral care is about witnessing, listening and treasuring their memories. As witness to their life narratives, I invited the participants, by using a participatory narrative approach, to re-engage with their life narratives and their history. Using this approach, the participants and I co-constructed links between the past, the present and the future. By linking past, present and future, the preferred stories of people's lives are "thickened" (Morgan 2000:74), they are more richly described and participants can stay connected to their selves in relation to the past, the present and the future.

Because older people risk becoming isolated and 'dis-membered" from their community and loved ones, they need to be re-joined with the significant people in their lives through the act of re-membering. Through the telling and re-telling of stories, people's lives are re-membered.

According to Meyerhoff (1982:111), re-membering refers to a special type of recollection:

To signify this special type of recollection, the term "Re-membering" may be used, calling attention to the reaggregation of members, the figures who belong to one's life story, one's own prior selves as well as significant others who are part of the story. Re-membering, then is a purposive, significant unification, quite different from the passive, continuous fragmentary flickerings of images and feelings that accompany other activities in the normal flow of consciousness.

Re-membering also evokes an image of a person's life and identity as a membered association or life-club where some members' membership can be elevated while persons who are not desired in the club can be dis-membered (White 1997:48). The membership of this association of life is composed of the significant figures of the person's history, and those figures of the person's life circumstances whose voices are influential with regard to matter of the person's identity (White 2000:70). They recall the persons who have influenced their lives significantly and position themselves into the persons they used to be, their many other selves. Their support system lies in their historicity and re-membering. All that is left is their dreams, their hopes and their legacies to leave for the future generation.

To recognise a person's identity, in line with social construction discourse, is to recognise his/her history together with the details surrounding that person (Andrews 2001). Every single object, photograph and picture is a trophy which bears witness to a person's history and confirms his/her lifelong experience. The most beautiful example of this I found in Emma's room. In her room, which is quite big and sunny, there are lots of paintings against the walls (as many as she could fit into a room) and a cupboard with shelves stacked with small objects. Every ornament stands for a special chapter in her story; photographs, Russian dolls, two wooden oxen, a miniature tea set and lots more. They stand as trophies of sacred occasions to be remembered. There is also a Persian carpet that is very dear to her. Whenever she talks about the carpet, she cannot help mentioning that she is so grateful for her nice room, because in her previous room, the elbowroom was exactly the size of the carpet. The two pink armchairs were a gift from her son and when she curls into one of them, it is almost as if they embrace her like her son's presence.

The stories she told me were full of humour and never boring, like the story of Oom Mooi Koos, whom the children kissed although they hated it, but who became someone she loved and who taught her to plait a cow-hide whip with eight leather strips. Talking about the highlights in her life was also a highlight in our conversation. She sat for a while, just thinking, and said:

There are so many of them ... I would say the first one was when I passed my standard six...in those days it was quite a thing, almost like standard ten these days ... I didn't want to leave school then, I just wanted to keep on learning ... and then there was the time I got the white hymn-book I always wanted, that was very special to me. The other time was when I became a nurse. My father did not want me to work and then when I was eventually allowed to be a nurse it was special for me. After that I would say it was when I met my husband. I can still remember what I wore that day when I met him. It was the most beautiful yellow suit, I wore high heeled shoes and he was so handsome. The birth of each of my children was also very special – I think that is something one can never forget. In later years, it was my trips overseas ... it was a wonderful experience to see where my ancestors came from and where I came from...did you also experience that feeling when you went overseas?

To know where you come from, who you are connected to and to know where you are going is part of one's relational identity. By belonging to something/someone and by experiencing a sense of being a part of others, one's relational identity is positioned. The unique sense of connectedness to a community of persons (Lipp 1991:5), of being a member in a chain of being with an inherited history that can be transmitted contributes to relational identity. A sense of being part of history, reflecting on historical events and being "in history" (Wagner in Meyerhoff 1986:267), relates the elderly to events that will not be forgotten and by that ensures their own visibility even after death (Meyerhoff 1986:267).

Elderly persons attempt to maintain their sense of relational identity and social belonging by the binding power of reminiscing and re-membering, recalling their history. They have traditions and values to transmit. Transmitting this history through storytelling is a meaning-giving and meaning-finding activity. On the one hand it is an affirmation that one has lived for ideals and goals that give quality and distinction to one's life. On the other hand, the relational self is supported by confirmations that one has been embraced and made part of the values and visions of inspiring others whom many an elderly person admires and idealises (Randall 1986:212).

The story Emma told me about her two grandfathers, whom she respected and adored, connected somehow with my own appreciation for my grandfathers, and I immediately listened with a participatory consciousness and special connectedness. She told me that her grandfathers left such special imprints on her mind because of the reciprocating care between them. They would be chosen as members of her life club if she had to compose one. They were exceptional people and she remembered the way they spoiled her. Her one grandfather never

really physically hugged her or caressed her, but he did other other little things when the first of any fruit or vegetables (like the first peach) appeared, he put it aside specially for her. She will also always remember her grandmother as a very hardworking woman. I asked if she had inherited any of their qualities. Good humour and working hard walked with her when grandpa and grandma left and together they kept their legacies alive. She also mentioned her dog, her horse Rita and her pig Toytjie as members of her life club.

Julien Hiemstra chose her parents as members of her life club because she adored them – especially her mother – but never told them so. Before she was born her mother lost one of her hands during the Anglo Boer war and her father was in prison at the time. Although disabled, her mother provided for them and did everything that had to be done with one hand. Julien admired her mother for her courage and perseverance but sadly never told her that while her mother was still alive. Now she honours her mother's legacy by making her a member of her life club and by keeping her visible through her stories. I discussed my concern with Julien about what it is that prevents people from speaking about their emotions and saying nice things to each other while they are still alive. Why does one wait till a person is dead and then honour him/her with a nice speech instead of enriching the life of that person while he/she is still alive by appreciating his/her good qualities and saying thank you. In her case, Julien said that she was young and never realised how she adored her mother and she never cared to tell her. Now, while talking about it, she realised that she should have done that. She does appreciate the fact that her sons tell her how special she is though – it enriches and adds meaning to her life.

That Victor Hiemstra was career-oriented in re-membering his history did not come as a surprise to me. The highlight of his life, was his appointment as judge. He remembered the Second World War as one of the things that stayed with him his whole life long. The reason for this was that he always wished to be part of the battle.

I should very much have liked to be part of a skirmish, just for the experience of it, but because of my political position at that stage I did not go to the battlefield.

Talking about important role players in his story, Victor said:

A person that I can remember prominently as someone special in my life club would be Gert Maritz. He was the Judge President of the Transvaal – I respected him very much, you know, not so much for his work as for what I learned from him as a person.

When I asked him about anything from which he dis-membered himself, Victor said:

I should have gone to more trouble to practise some sport ... I did not participate in any sport at school ... I would have liked to be a boxer.

Hilda also remembered a lot about her work as highlights in her life. The children from the cerebral palsy home were very dear to her and she misses them very much. Her parents also played a very important role in her life, as did her sister with whom she stayed when she went to school. Her life was full of special experiences and memories as she grew up on a farm and had a blessed life there. Even after she left the farm to go to school and in her adult life, she constantly experienced God as provider and caretaker:

I honoured my father and mother as the Bible says, and that is why I have been blessed by God my whole life long. One day, I was a bit naughty though. My mother had a visitor there in the house and I came in from the fields where I watched the cattle. I stood behind the door and overheard them talking about me. They talked about freckles – I had a lot of freckles because I had been in the sun all day – the lady said if one puts some donkey milk onto the freckles they would go away. One day when I was with the donkeys, I called the mare nearer to me but she wouldn't come close because she was quite wild. Eventually I got close enough to her to get hold of her nipple and squeezed out some milk and just smeared it wherever I could reach - it was so sticky. You won't believe what I tell you, but one night when my mother washed my face she called out 'Hilda what happened to all your freckles?' They are all gone'.

We shared moments of laughter and of sorrow on our journey and lots of detail has actually been left out in the writing of the report, because it is just not possible to write everything down. As I have already said, the participants shared about 80 years worth of stories and memories with me, of which most are evidence of their historicity.

Being remembered by other people is another element of pastoral care: "Caring ... implies remembering, that is to say, keeping the other person ... in mind" (Casey cited in Patton 1993:27). During conversations with the research participants, we explored how they would like to be remembered by others.

4.6 KEEPING THE LEGACY ALIVE

The elderly want to be remembered, and they want their family history, of which they are shapers and bearers, to be kept alive and carried on. Self-narratives lay down memory traces

in others through whom the legacy of the elderly person can be kept alive, and the continuum of the family history can be retained (Randall 1986:207). Through reminiscence and a reviewing of their life stories elderly people are given a chance to sort through significant experiences in life and make these visible to themselves and others.

A belief that the work and the reputation one has accomplished in one's lifetime will survive and will perhaps be continued after one's death tends to preserve meaning and allows for a more positive view of death. I can almost hear them say: "When my legacy can stay with the people I leave behind, if only I can leave my traces for the generation to come, I will stay with them, I will always be visible to them, therefore my life is meaningful." Their connection to the past brought me to the question about how they would like their legacy to live on in the memories of their relatives, friends and acquaintances. I asked landscape of action questions such as: "What has been the significance of your life to the lives of other people?" "What would you like others to learn from and remember about you?" "If I had to ask anyone, who would there be who would tell me that you are a person to be treasured?" The answers to these questions were used to thicken their agency, their preferred story and the values they stand for.

I asked Victor Hiemstra: "What would you like to be remembered for by your descendants?" He answered: "I would very much like to be remembered as the most righteous/fair judge. That is what I worked for my whole life and that is how I want to be remembered." His wife added: "And how about a wonderful kind, humane and good-hearted judge." Thereupon Victor agreed with a contented smile. Julien added: "Through the way he always treated his wife [his first wife] and children, he set a wonderful example that he will always be remembered for. He always went to a lot of trouble to make his family happy. And there was one more thing ... the way he looked after his wife while she was ill and he cared for her until her death is a much appreciated quality which added some more value to the legacy he will be leaving behind."

The same question to Julien had a negative response at first, but through deconstructive listening and questioning her response turned out very positive in the end. Not very sure that there is anything she saw as a good enough quality to be remembered for, she immediately answered what she does *not want to be remembered* for. She looked down and said:

I am afraid – there is one thought in my mind – I have not been a very good mother.

I immediately heard the discourse of mother-blaming surrounding her and asked her about it. The thin description she had of her identity was backed up by particular ideas, cultural beliefs and principles – for example, that there is a right way and a wrong way to be a mother, and that mothers, when they make mistakes, can do their children irreparable harm (Grobbelaar 2002:57). Weingarten (1995:9) reflects on the thin description of women as mothers, where their mothering experiences fall outside what mothers and the rest of the community "think a 'good' mother ought to be, or feel, or behave".

[S]ome mothers are *so* sensitive to the ways their feelings and experience violate the accepted canon of "motherhood", that is motherhood as "institution", that their ability to place their lives in story form is profoundly affected. Critically, for many mothers, "voice" is affected too. A mother may silence or distort her voice in reaction to the contradictions she finds between what she believes (and others say) her experience should be, and what it simply is.

(Weingarten 1995:9-10)

The voice of guilt and blame that circulates around parenting, particularly around mothering, in our culture, is also prominent in Emma's life story. The voices of mother-blaming in the culture we live in also tried to convince her that she had not done enough for her children. Emma's answer mirrors her fear:

My children must *please not remember* all the times I disciplined and scolded them ... they must rather remember the good times ... I have so much love in my heart for them ... I shouldn't have been so strict with them. I worked so hard that I didn't enjoy them properly and as much as I should have.

I wanted to make visible and question the taken-for-granted truths that support and sustain the voices of guilt and mother-blaming. I used narrative practices such as deconstruction, discovering unique outcomes and re membering to move away from thin descriptions to more richly described alternative stories. Weingarten (1995:10) speaks of the "silencing or distortion of maternal voice ... whereby some experiences are considered suitable and speakable and others are not". I wanted to give voice to both Julien and Emma's maternal voices and invite rich descriptions of their experiences of motherhood so that an alternative discourse to the dominant maternal discourse which is "powerful enough to harm [mothers] but powerless to protect them [mothers]" (Weingarten 1995:11) could be storied. I asked Julien about what had become of her children and where they all are. I asked her if she thought that her being a "bad" mother helped her children to become so successful. I also wanted to know why she described herself as a "bad" mother. She answered:

I loved sport and playing tennis, I used to dance a lot and went out very often ... I left them alone quite often but I had always been a very positive person and we had a very cheerful house with lots of laughter. I loved sewing and I made beautiful clothes and I cooked and entertained a lot. They sometimes said that I was efficient in a lot of things. My son actually said at our wedding (my and Victor's) that his mother is capable of doing anything – for me these words were a sort of a gratitude towards me – it was nice to hear. There was another thing. My one son was specifically proud of me for the way I dressed and sometimes when we went out he would ask me the next day: "Was mom photographed again at the function last night?"

Eventually she was able to say to me, and to herself, that she will be remembered for her stylishness and positive attitude, which were part of her lifestyle. She always tried to look good and tried to be the best in what she did, and her children appreciated her for that. They all grew up well and reached high goals to be proud of. After re-authoring her story about motherhood, I asked her whether some of her children had inherited her love for entertainment and theatre and precision. I also wanted to know from her if she still thinks that she was such a bad mother. She smiled and said:

Oh yes, oh yes – they (my children) did inherit my love for those things and one thing they shall definitely recall is that I was good at a lot of things, a very competent person ... It is true, without being arrogant ... And to be proud of the fact that I was well-dressed and well-groomed.

The story of Julien is a typical example of the expectation offered to a mother and her achievement. Her own feelings and actions did not match the way she had been told she ought to feel or act. This left her feeling worried, incompetent and inadequate. She thought that there was something wrong with her and had internalised this blame for years (Grobbelaar 2002:25). Many women are haunted by the discourse that mothers are "summoned to return to their maternal duties", as in the following comment:

Ladies you must heed the voice of nature; if you do, you will be rewarded, but if you ignore it, nature will be avenged and you will be punished.

(Badinter quoted by Grobbelaar 2002:20)

As a result, women become obsessed with maternal watchfulness. There was not a single day or night when mothers did not affectionately watch over their little ones, only to escape being accused of the most heinous maternal crime, neglect. Julien judged herself to be guilty of this crime of neglect in terms of the norms and taken-for-granted "truths" instilled by society.

With Hilda it was different. The discussion of a legacy left behind for her children did not evoke any signs of blame, probably because her children gave her the name of "The Special Lady" while she is still with them to appreciate it. She compared herself to a mother hen who always tried to keep all her chicks under her wing and therefore she will always be remembered for her special love and care:

I have always been hardworking and faithful. My work was everything to me and whatever I did, I did it well and with all my strength – even with the cerebral palsy children who did not even knew they were alive, I had so much love and care for them ... and that care and caring gave me the feeling that I am special. I also know that my children and the people I worked with honour and respect me for the way I lived my life and especially because I was so hardworking. I must tell you this. I was called into the office of the owner at the factory I worked at long ago. He asked me how I managed to connect so well with all the different people of different ages in the factory and how I managed always to be friendly with all of them ... and you know what my answer was ... because I take them like one big family, Sir ... you must speak to them and ask them, then you will know what their feelings are. And he said: 'Mrs Salmon, you have given me hope and good advice today – you have given me something to remember for the rest of my life'.

Hilda closed her eyes and quivered with pleasure.

Ooee and I was so proud ... and he [the owner of the factory] even shook hands with me afterwards ... that added meaning to my life, that I had been able to give something to his mind about how to deal with people, something he will always remember me for.

Her preferred identity is richly described and rooted within her life-narrative. To her children and acquaintances and to me – now and after she is gone – she will always be "The Special Lady".

The answer Louis gave to the question of how he wants his legacy to live on and what others will remember about him was somewhat different from those of the other participants. Louis claimed that he did not have any desire to be remembered by anybody:

Nothing, they don't have to remember anything about me. When you are alive you live your life and that's it. When you are dead, they all forget about you. That is why I want to be cremated.

When he talked, his voice broke down sometimes and I could hear the emotion under the surface. Marginalised by his children while he is still alive, he sees no reason for them to miss him when he is gone. His ex-wife, whom he still cares about, is staying in Italy and whenever she is in the country the children and grandchildren visit her, "but Grandfather is invisible to them", he said. A thin description of his life narrative has made Louis think that he would not

want to be remembered by his loved ones. We spoke of other highlights in his life and found that his career was definitely the most positive thing in his existence. He worked for South African Airways, working himself up from a timekeeper to the top, and he retired when he was 45. His pride in his work was a sparkling moment (Morgan 2000:55) and I wanted to invite him to reflect on the role he played at work. I asked him:

What does that say about you and if I could ask the people you worked with what they appreciated about you, what would they say?

Louis responded:

The people all liked me, they always did some special chores for me and they knew they could trust me. My work was always up to date and when I asked the boss if I could get some time off, he just said: "I suppose your work is on schedule already – yes, of course you can go!" and he laughed.

I tried to thicken the alternative story by asking:

Is that something nice to be remembered for, being trustworthy and being famous for always being on schedule with the work that you were responsible for? And am I right if I also hear that humour, friendliness and helpfulness are some of the qualities that accompanied you through your life and are still with you?

He replied by nodding his head and a big smile lit up his face.

4.7 SUMMARY

As I listened to their stories, I became aware of how eager they are to share some ideas with someone who is willing to listen respectfully. Thinking back to the conversations, it certainly sets my mind at ease about getting older. But I also saw the need for the community and the children of the elderly to be actively aware of their needs and to make a contribution to a celebration of their wisdom. My own witness position, as Weingarten (2002) describes it, changed from disempowered and unaware to empowered and aware so that I felt the need to add a political dimension to my pastoral care (see Pattison 1994). Before this research, I had been unaware and uninformed and did not have any power to speak out about the needs of the elderly. By getting involved through the research and by caring, I also changed to an aware and informed witness with a responsibility to mend God's creation (Ackermann 1996:49).

By participating in a caring community, I am enabled to give and receive care, and by the knowledge I gathered through my research I am empowered to speak out with the elderly and make a difference. I shall use this position to recommend possibilities for contributing to change (as discussed in Chapter Six). In the next chapter, I present the letters to the children and the professionals and caretakers involved with the elderly which we co-constructed.

CHAPTER FIVE

AN INVITATION TO JOIN CIRCLES OF CONCERN

5.1 INTRODUCTION

As I proceeded on my research journey, I found that many people close to the elderly do not hear or acknowledge the needs of the elderly. Their own children and grandchildren, their caregivers and their faith community can all make a difference by getting involved in making visible the elderly. To let "outsiders" know what the needs of the elderly are, and to co-construct an alternative story about the hopes and needs of senior adults, we used written language to convey the information to the people concerned. Verbal contact and invitations also reached the faith community.

5.2 SPEAKING OUT

During the past year I presented three lectures at meetings arranged by faith communities to sensitise members of such communities regarding the neglected topic of ageing and the "invisibility" of elderly people. The reaction was overwhelming – it seemed as if they wanted to talk about the elderly but never knew it was something that could be discussed. Quite a few of the members had elderly parents and shook their heads in shame as they admitted that they did not really know what their parents' needs were, or what their stories were because they had not bothered to ask them.

During the conversations we concluded that "all of us" have not taken time just to listen to "them" (their parents, the marginalised group), to ask them about their pasts, their present needs, their stories and how they want to be remembered when they are gone. After the talk elderly people in the audience came to thank me for becoming involved in "making them visible". They valued my concern for them and their needs.

A friend of mine whom I invited to one of the meetings told me that she could see from the reaction of the older people there and the comments they made and from the work I was doing that I was making them visible. She thought that sensitising faith communities with regard to

the stories of elderly people could make a difference to all concerned, but especially to the elderly. That was not only quite a compliment, but also an answer to the question I had regarding whether I was really making any contribution through this study and the talks I had presented as a small political step.

Due to the fact that the participants in the study did not come to me initially with problem-saturated narratives, it was not a pastoral therapeutic situation in which discourses needed to be deconstructed in order to re-author their preferred life-stories with people. The participants in my study seldom wanted to discuss the power and effects of different discourses, because they did not experience them as taken-for-granted truths constituted by their society but accepted them as "the way it was in those days". The deconstruction of discourses in this study had more to do with how the not yet elderly construct ageing.

I realised in the conversations with the elderly how many different forms pastoral care could take; that pastoral care is all about care and not cure (Weingarten 2001:124; see also Grobbelaar 2001:81b). I made them smile, I co-constructed stories of meaning with them, I gave them a voice and tried to be a voice for many other aged people by speaking out with senior adults in our community.

Within a contextual practical theology (see Chapter One) such as liberation theology, speaking out and breaking the traditional silence is seen as a basic human right within the socio-political system (Mgwane 1994). Breaking the traditional silence constitutes a conversation in which "the voice of the elderly meets the ears of those prepared to hear and participate" (Mgwane 1994:122).

In granting the elderly an opportunity to tell how they want to be cared for and respected, I granted them the basic human right to speak for themselves. Allowing the elderly to voice their needs resonates with the concept of communicative ethics (Welch 1990:127), in which a distinction is made between the generalised other and the concrete other. According to Welch (1990:127) "the 'generalized other,' the partners in moral dialogue or the persons affected by decision-making, are assumed to be fundamentally the same; each individual is seen as 'a rational being entitled to the same rights and duties we would want to ascribe to ourselves'". However, viewing partners in moral dialogue as people with "specific [and socially constituted]

needs, talents and capacities" Benhabib (quoted in Welch 1990:127) pleads for a focus on the concrete other:

We seek to comprehend the needs of the other, his or her motivations, what she or he searches for, and what she or he desires. Our relation to the other is governed by the norms of *equality* and *complementary reciprocity*: each is entitled to expect and to assume from the other forms of behaviour through which the other feels recognized and confirmed as a concrete, individual being with specific needs, talents and capacities.

(Benhabib quoted in Welch 1990:127-128)

Within communicative ethics, I see elderly people as concrete others whose points of view and personal experiences are valuable. Their voices are valuable because they disclose knowledge of oppression due to age. Inviting the elderly to voice their experiences and express their needs, I shared and experienced the challenge that Welch (1990:129) refers to as the goal of communicative ethics:

The goal of communicative ethics is not merely consensus but mutual critique leading to more adequate understandings of what is just and how particular forms of justice may be achieved. When such critique occurs we may well find that more than our definitions of what is just are challenged; the prerequisites of acting justly may be challenged as well.

In the following section I will give more detail about an appeal I wrote, in order to address "the ears of those prepared to hear". The opportunity to be heard was also created in other ways which will be discussed in the last chapter of the report.

5.2.1 Addressing the children of elderly parents: a letter

Just as with young persons, certain characteristics of aged people require our attention if we are to communicate effectively with them. Both teenagers and the elderly stand as chronological bookends on either side of the stages of adulthood most coveted and dreaded by our society. Both adolescents and the aged seem to demand of us special effort and understanding if we want to reach them. Perhaps, on some level, they intentionally complicate the communication process forcing us to prove we care enough to unravel the puzzle before they become vulnerable.

(Buxbaum 2001:69)

The ways in which we respond to the elderly are often not really as hostile or uncaring as they are interpreted to be, but human, resulting in clumsy behaviour that causes undue pain to others. Ageing is a gateway to our feelings about death and our anxieties about being parents

and grandparents. Relating to elderly persons brings us into contact with our own future and we are confronted with the inescapable realisation that we too shall grow old and die (Buxbaum 2001:70). To bring this anxiety within manageable limits we often create distance between older people and ourselves who are forcing these painful realities upon us.

The children of elderly parents often find that the parents seem to believe that they can make family, friends and the community feel guilty enough to visit frequently, and exhibit concern and attention. Why do they react in this way? It is all about visibility. Not being noticed by their children or the outside "serious world" anymore, losing some of their sensory acuity and fading clarity of consciousness make them question their value. There are no family, spouse or children to hold – and it is not their custom to embrace each other. Although clarity of consciousness fades and memories fuse with the present they are still present and alive, but not seen and responded to. That is why they display and dramatise themselves in many forms, "by storytelling, creating difficulties and making scenes; positioning themselves to be noticed and listened to" (Meyerhoff 1986:267).

The plea that I heard from elderly people culminated in an invitation to a faith community and people not yet old – specially the children of the elderly who do not hear their parents' voices clearly and also to people in positions of power who take care of the elderly. I carefully listened to their stories and asked the experts (the elderly) about what they would like to re-tell. I used their voices and amplified these in an appeal to children of the elderly. This appeal was then witnessed by a number of elderly people who did not participate in the original research. This is the appeal I co-constructed with the research participants:

Many of our children out there believe that we are too old to change. Attempts to address longstanding issues are thus viewed as inevitably fruitless. It is true that sometimes we do not want to change or make changes as easily as you young people. However, a few of us are frequently more ready to talk about the realities of our life experience than you might realise.

We can sometimes make amazingly realistic evaluations of our lives. We can even experience it as a welcome relief to be able to talk to you freely and honestly about our feelings. We may even be more ready to change than you are prepared to accept. Avoiding problems and the silence surrounding the issue may make us feel isolated and unloved. Even if it is painful to face reality,

talking about problems dissolves the distance between us. Afterwards we may be able to build a closer and more meaningful relationship.

Please try to talk to us in a non-judgmental way. Try to care for us without feeling guilty. Please give us the gift of your time, attention and presence instead of physical gifts. Although we are old we still know the difference between being ignored and being cared for. As people facing mortality, please ask us how we want to be remembered and assure us that our legacy will be kept alive after we are gone; our story is not wholly our own but lives on, woven into your lives.

Please view us as unique individuals rather than as reflections of your own perceptions. As humans, we too have problems. We sometimes need affirmation and may seek it from you in inappropriate ways, expecting more than you have the resources to give. We apologise for sad misjudgements but please respect the wisdom that we have gathered in our lifetime and, if possible, pay attention to our opinions.

Please play the 'do-you-remember-game' with us sometimes. Remind us of the times that our actions meant a lot to you and the nice things you will always remember about us – and if you remember please thank us for these when you have the chance to do so, before the time comes when you will say: 'I wish I could have told them, in the living years ...' (song from the group Mike and the Mechanics)

5.2.2 Addressing caregivers and professionals: a letter

Many elderly people living in retirement homes or villages remind me of the elderly Jewish population described in the study by Barbara Meyerhoff (1986). They also lived among strangers who "had to be told everything" about themselves. They shared the great obligation to transmit their first-hand experiences during wars and disasters because they are the last ones who could explain "what it was really like".

In both cases – the above Jewish community as well as the residents in a retirement home – the members depart from the safety and familiarity of their homes, associated with childhood, children, family and customs. With all its limitations, minimal financial support and conflict, unquestionably this dwelling becomes a last home, a place to which they do not truly belong but which they must try to accept and even improve by their protest demanding social justice. For this reason elderly people are often labelled as "difficult, resolute and performing". It cannot be easy to live with people who do not respect you or who do not understand your experiences in life, fading away until you are invisible.

Even if you cannot walk and have to be washed, you can still laugh and do political analysis. Even if you are "cognitively impaired" you can have insights and be creative. According to Ranallo (2001), an intertwining relationship between caretakers and elderly people allows such attributes to blossom and flourish – they need to be fostered, supported and honoured. To nurture an ageing community to focus on life and pleasure and connectedness is a challenge to all caretakers and therapists.

It is estimated that older adults represent a disproportionately large percentage of members in most faith communities – 20 to 40 per cent – and that half of the clergy's pastoral work is directed to this population (Cozad Neuger 2001:221). Clergy have the pastoral responsibility to be helpful and supportive guides in older adults' exploration of the uncharted territory of living out their vocation in a longer life that continues to have meaning and purpose. Pastoral counsellors need to help the elderly with making choices to move toward a preferred future story, to bring healing to damaged relationships with family, to listen to health problems and the fear of becoming dependent and grief about a child that died 40 years ago – all of these are included in the commitment to care (Cozad Neuger 2001:222).

However, pastoral counsellors and clergy are not the only people involved in taking care of the elderly. There are the matrons of retirement homes, nurses and doctors, therapists and daughters and daughters-in-law, sons and sons-in-law, who are all somehow connected to an elderly person who needs care. The attitudes of these people are sometimes something to be concerned about. We all too often hear about emotional abuse by caretakers to which the elderly are exposed. There was one woman under my care in the congregation who was very ladylike. She was always dressed nicely and served me tea when I visited. She stayed in a "granny flat" built on the piece of land where her children lived (they were actually living in her

house). However, pain and sorrow lived with her. I noticed that sometimes alcohol was also a visitor who made her forget about the grandchildren she was missing so much, even though she was living on the same premises as they were. At times, when the grandmother refused to give money to her daughter, she was forbidden to see her grandchildren.

Although caretakers and professional people who are concerned with older adults may have good intentions in caring for them the way they do, it is very easy for them to fall into the trap of paternalism and making decisions on behalf of the elderly. By doing that caretakers take away their voices and make them invisible. Because I had committed myself to doing things with the elderly and not for them, we talked about the things that bothered them. As a medium to reflect their needs, I request the following, with their permission:

I want to ask professional people and caretakers to have a little sympathy with elders, although they can be "difficult". I ask of you to listen to their stories because the older they get, the fuller their stories become. Be aware of the focus and turning points in an elderly person's life, such as family, work, hobbies, travels, personal victories, questions about God, illnesses, losses and sadness. Appropriate kinds of care can be determined only by learning about an individual old person's life. Ask him/her rather than displaying your "expert" knowledge and authority. Build a relationship with the elderly in need of care, one which is based upon mutual giving, and one to which both parties are able to contribute and one from which all concerned can gain insights for the journey ahead. Share bits of your own life stories with them – there might be particularly valuable points of intersection which can be used in a complementary way to offer insight and hope for the person with whom you are dealing (as well as to yourself).

I request that professionals honour and respect aged people's visibility – do not go over their heads to talk to their children about them as if they did not exist and do not make decisions about crucial issues for them without asking. I ask of matrons and housekeepers in retirement homes that the elderly people be treated according to their age, not like naughty children who are allowed to tell tales about each other.

People in positions of power who are involved in policy-and decision-making have to be aware of the different needs of the people they care for. Because vulnerability and dependency are part of human existence, decision-making has to be carried out responsibly and "with care" in order to provide space for different voices to be heard (Sevenhuijsen 1998:146) – especially an elderly voice that had become so soft that it is almost unheard.

5.3 REFLECTION ON THE INVITATION AND REQUEST

I asked two of my elderly friends (not the participants previously involved) to show the invitation to their children and ask for comment on the contents thereof. The elderly were also free to comment on these invitations themselves.

The feedback I got from them was that they mostly agree with what I had written in the letters. There were a few additions though. One of the children added that the issue of forgiveness should be addressed in the invitation as well. She said the following should be added to the letter:

A child has to let go of his/her parents' mistakes some time in life. Only if a parent feels the forgiveness of his/her child for wrongs he/she did to the child, will he/she be able to change and correct the mistake himself/herself.

Another participant who was asked to reflect on the letter added the issue of "unfinished business" that a dying elderly person may cling to because his/her children did not deal with it when the person thought it was the right time to do so. This must also be added to the letter:

If a parent or elderly person is terminally ill and makes a request for some loved one to receive a treasured possession, like a piece of jewellery or something, don't say: 'Oh, Mom you are still going to get better and will be around for a long time.' Make it easier for them by taking it and thanking them for it. Also, if a person is dying, try and make it easier for them. If they want to talk about it, let them do so.

The request addressed to the professional people and caretakers also got some reaction. The person asked to reflect on the letter wanted reasons for why older people may be considered "difficult" added to the letter.

Normally they are difficult because of pain and feelings of hopelessness. By adding new realistic goals to a person's life, a positive attitude can be created.

The same participant also feels that the mental fitness and 'neurological ability' of an elderly person is vital in determining the kind of stimulus he/she needs to keep a positive attitude.

5.4 CONCLUSION

By speaking out with the elderly about things that are important to them but not always attended to, I made a political move towards change in the congregation and the faith community. We talked about a lot of important needs relevant to old age before constructing the letters and in writing them portrayed these important issues to the people whom it may concern – their children and the people who must take care of their physical and emotional needs. I hope that through this effort, misunderstandings between loved one's will be cleared away so that we all can face this stage of life (old age) by talking together about what matters most, and adding dignity to the face of mortality.

CHAPTER SIX

REFLECTIONS ON THE RESEARCH JOURNEY

6.1 INTRODUCTION

In this last chapter of the research report I want to take a position from which I can reflect on the research as a whole. If I want the words of the report to be as meaningful to readers as it has been to me, these words must be born from a relationship of "not mine, not yours, but ours ... all playing the game of language together, generating endless variations on themes" (Gergen 2000). Like Gergen wished for his work, I hope that my writing will contribute to "hope for relational dances that celebrate communion, invite exploration without fear, and enable a conjoint construction of better worlds" (Gergen 2000).

I have always loved stories – I loved them when I was a child and I love them no less now that I have grown up. Most of all I loved the richly embroidered stories of elderly people, which I continue to find fascinating. These stories also spoke of the taken-for-granted "truths" and assumptions in their histories, families and cultures that shaped their lives in a such a way that it would not be easy for them to re-author their life stories. Due to our "unpacking" and deconstructing some of the dominant ideas and creating some new "space", they could experience their humanity and ageing with dignity.

Stories are constructed through the self in relationships with historical, cultural, familial and economic circumstances. I wanted to challenge the idea that individuals determine their fate solely by isolated internal experiences. In this case, the stories of the elderly were intertwined with those of their histories up till now. From now on they will also be intertwined with your story, the community's stories, and mine. We will all continue to be part of the force that shapes and determines the meanings they make of their lives because we know and we care.

In this chapter I reflect on what I experienced while journeying with the elderly. I used certain practices during the research, not only to get to one specific end result (a report), but also to discover alternative ways of ageing and to write about preferred ways of making visible the elderly.

6.2 THE CHALLENGES OF THE STUDY

Writing a report about actual life stories that were played out in front of me was an "intimidating" task, as Patton (1993:6) calls it. There were so many possibilities for organising the material, so many different pastoral challenges to be addressed. I sometimes felt as if I "had to know everything in order to do anything" (Patton 1993:6). I wanted to change the world in these few pages, but eventually had to take comfort in the idea that I am here to "care" and not to "cure" (Weingarten 2001:124), and accepted that I could only cover a limited scope.

The basic theme of making elderly people visible and the fact that it is all about caring and remembering, has been borne in mind as a guiding light throughout the report. I attempted to do this using the process described below. The preliminary aims of the study (stipulated in Chapter One) focused on how the self-narratives of the elderly are influenced by discourses regarding ageing, and on co-constructing preferred identities with them by telling their stories. Some questions around ageing and how elderly people experience it were also planned, and pastoral care practices were looked at accordingly. Chapter One focused on my own discursive positioning within a feminist praxis of pastoral care in the study, as well as the inspiration to the study. An outline of the steps followed during the research was also set out.

The specific concern of Chapter Two was to tell how ageism and ageing are socially constructed. Some discourses surrounding old age were identified and the concepts of discourse and deconstruction were addressed. One of the main concerns of the elderly, that of being invisible, is also raised in Chapter Two.

In Chapter Three I introduced the five participants to the reader and retold some of the stories that I had witnessed. Within these stories I heard some central themes, which were explored further. Chapter Four focuses on challenges to pastoral care in making the elderly visible. First, I listened and was a witness, which meant collecting the stories, and then I used my power to speak out *with* them and *for* them in order to bring about a transformation in faith communities, making the elderly visible.

Chapter Five touches on ways of speaking out, including an appeal and requests to the children of the elderly and to professional people. In Chapter Six I suggest more ways of "doing theology" through pastoral care.

6.3 REFLECTION ON PERSONAL OPINIONS, VALUES AND EMOTIONS

6.3.1 "Insiderness"

My personal connection with the research topic came from my work at an old age home and the idea that something had to be done to make the elderly visible while they are still alive. One does not need to be buried alive and forgotten if one still has so much to add to the lives of others and those who will be coming after one. I was also inspired to do the study by seeing my parents and their friends growing older and I refused to accept the notion that they were going to diminish and disappear without anybody doing anything about it! Growing old was a troubling thought, as I asked myself: "Is this going to happen to me too? Will people treat me too as if I have always just been a burden to society?" I started writing from an "epistemology of insiderness" as Reinharz (1992:260) calls it. Being a child of parents who are growing old and being friends with many wise old people whom I love dearly, I felt a calling to speak out on their behalf, with the knowledge I have gained through this study.

In my position as a pastoral worker in the church, I have also noticed that there were very few opportunities for elderly people to be heard and seen within the faith community. I therefore spoke to the pastor and held several talks about the invisible elderly. I also make some recommendations about the relationship between the church and a caring community and the elderly (in section 6.5).

Being an "insider" in some respects sometimes made me feel disempowered and unable to solve the questions and sorrow surrounding the lives of the people I love so much. I was not always able to keep my distance in such a way as to externalise conversations and deconstruct discourses as I had wanted to do. The call for care was so loud at times that I felt inadequate to respond. The responsibility was too overwhelming.

6.3.2 Caring solidarity

On New Year's Eve 2002, I sat on the beach, and, while everyone around me was laughing and setting off firecrackers, I longed not so much for myself to have a happy new year but for my own parents and my husband's mother to be the persons they once used to be. I felt so responsible for their happiness and I also felt so unable to change their circumstances. I have lost them somewhere along the way. It was just yesterday that they were young and laughing and enthusiastic about all we have done. But that night I looked at them and I silently cried for what I saw. They were very quiet and barely said a word, while all of us were laughing and joking. What happened to the people I so adore? What has time done to their spirit and delight in all that used to bring happiness and joy?

I began to doubt the research I had been working on for two years. The following questions came to mind: Have I really gained some knowledge to make the pain and loss for my loved ones and other elderly people (and myself) better? Is the care I give them enough to make their lives more liveable and bearable? Can I do this alone or must all people be caregivers?

I then learnt and understood the implications of "caring solidarity" – that caring is not the responsibility of one person alone. Caring solidarity is a social practice where care is socially constructed by care-givers as well as those who receive care. Sevenhuijsen (1998:15) sees the ability to provide and receive care as a resource, because dependence on care should not be seen as something that can suddenly overtake us, but rather as an integral part of human existence:

We need caring solidarity not because the "needy" are dependent on the solidarity of the "strong", or because the "strong" need to defend themselves against the looming threat of society's corruption by the "needy". Caring solidarity brings care into the public dialogue and collective support. "The notion of solidarity gives a political meaning to care and to mutual commitment."

(Sevenhuijsen 1998:147)

I had to agree with Sevenhuijsen (1998:146) who says: "If care is seen as a normal human activity and a normal need, then it will be possible to combat the various forms of privileged irresponsibility which are still too often to be found in society." This means that the responsibility of caring for the elderly (like all other members of the community) should be shown to infants, who will someday also become the elderly. If only individuals can be taught

that solidarity implies that if I *now* have *the right* to something from you, you will *then* have *the right* to demand something similar from me, should you find yourself in a similar situation! This mode of reasoning encourages a solidarity of giving and taking, and points to ethics dominated by mutual exchange. We provide care, not only because it is needed, but also because one day we can *expect* to get something in return when we are in the same situation (Sevenhuijsen 1998:147).

The feminist ethics of care emphasises that there is room for difference and to find out what people need in order to live with dignity (Sevenhuijsen 1998:147). Maybe we could teach the children and society more about respect for the elderly and about having more "time" for elderly people, time to move more slowly, to talk more pronouncedly, to listen with patience, let *them* speak and not to speak *for* them, to eat more slowly, to talk a little more loudly or even to write down important things for a person who has difficulty in hearing or to take the hand of an elderly person with a visual disability and to show the way. I hope that it might be a way of liberating the elderly from the hasty ways of living that their children and grandchildren are caught up in, of getting rid of a feeling of redundancy, of helping them to live alongside their younger loved ones without feeling alienated. I hope it might create a space wherein my own children can learn to be patient and slow with me one day, when I am old.

6.3.3 Time

One thing I realised while talking to the participants is that they are living in a totally different time frame than that of their children and young people. The elderly find their joy and happiness in past experiences and good memories; younger people find happiness in dreams about what is still to come, in our tomorrows and our future. They have a history to ponder, we have a future to go to. I can see that with my parents and with the participants. When we talk about the times when they were famous and relive happy days gone by, they smile again, they "live" again. Maybe if we can all move back in time with them a little, it would be easier for them to move on with us.

Older people tend to extract from the past the genesis of present thoughts and feelings. Their explanations, feelings and thoughts about the self in the present are explored in relation to past events and feelings. Engaging with memory is not a passive activity – it involves re-viewing events and feelings from a number of perspectives. Reflecting on the past involves a dynamic

process of enquiry and response that creates a suitable condition for the discovery of possibilities (Bird 2000:213) and change. Bateson (cited in White & Epston 1990:2) argues that all information is necessarily "news of difference", and that it is the perception of difference that triggers all new responses in living systems. Bateson demonstrates how the mapping of events through time is essential for the perception of difference, for the detection of change.

When people are dropped from memory and then from history, they are robbed of the knowledge and the experience of being active in maintaining and creating the community in which they live (Bird 2000:218). The next generation is then presented with a version of their heritage that excludes the activities and ideas that originated from part of their community.

For the elderly, and for everybody else, the past is a dynamic feature of their lives. We carry it with us, using the strategies available to us to make sense of, and sometimes to survive the events of the past. Past events cannot be made to disappear. However, the meaning made of past events can be re-searched and re-membered, reflected on and related to in ways that are liberating.

Engaging with the past and the future in relation to the present enables a consideration of a relational self that can determine and negotiate life directions. Younger people engage "with possibilities while restoring the presentness of the past and imagining the future within the present" (Bird 2000:239).

Augustine (quoted in Patton 1993:31) believes that remembering creates and maintains continuity of the self, and that it is concerned not only "with the past and the present, but also with the future". Memory, according to Augustine, contributes to one of the central concerns of the clinical pastoral paradigm for pastoral care, a sense of identity, of "persistence over time as continuously the same person". "Our deepest emotions are intimately linked with how we remember and what we recall ... Without the capacity to remember, we lack a sense of narrative about our lives and our world" (Saliers quoted in Patton 1993:31). The past is so important to elderly people because it is their connection, their link, with the present and it determines their expectations of the future. Pastoral care for the elderly also means going back to the past with them. Genuine conversation occurs only as one finds joy in listening to others. Even as previous and present worlds of meaning are challenged, different experiences delight in the complexity of what emerges (Welch 1990:135).

6.3.4 Invitations and requests

During the research journey I negotiated details of their stories and the re-telling of their stories with the participants. While writing the report, because of the time factor, I almost fell into the trap of speaking on behalf of the elderly, and not *with* them. I was anxious to be their advocate and started writing appeals and requests on their behalf, without consulting or negotiating with them. However, I realised that this was unacceptable and took the appeals and requests (see Chapter Five) back to elderly people, outside the research, to ask for their opinion and input. I then asked permission to use these opinions and inputs in my research report. I created possibilities for the elderly to intervene and make changes and in that way negotiated the last part of the research journey with them. In following an approach of power-sharing with the appeals and requests, I ensured that those who were marginalised became co-creators and primary beneficiaries of the project.

In this process I learnt that in doing qualitative and participatory action research, we should always be aware of power sharing between the researcher and the research participants. Authentic participation in research means deconstructing authoritative voices and claiming real ownership of research theory and practice by the people involved in the research (McTaggart 1997:28).

6.3.5 Transformative relationships

When I had just started my research, one Sunday morning, the theme of the sermon at our church was "I have nobody" – it was a communal contextual appeal to a faith community to remind the members that God's scattered people must be remembered, because God remembers us. It was a message from a God who caringly creates human beings for relationships and who continues to care by hearing and remembering them (Patton 1993:31). I experienced a "moment of insertion" (Cochrane, et al 1991:17) that urged me to act and make a visible choice to make a difference in the lives of the people I am talking to and their contemporaries. It meant an ethical commitment to transformation, positioning myself on the side of those suffering and against all oppressive or exploitative discourses and practices – not only for the elderly (see Kotzé & Kotzé 2001:3). "Particular stories call us to accountability ... they call us ... to join in resistance and transformation" (Welch 1990:139).

To make a difference means transforming something from the original position to something else. To bring about transformation, a relationship between the person suffering and the person offering care/transformation is required. Transformative relationships (mutual transformation) occur where "there is power of empathy and compassion, of delight in otherness, and strength in the solidarity of listening to others, bearing together stories of pain and resistance" (Welch 1990:135).

Transformation occurs when a therapist feels the *pain of the people* who are lonely, old, sad or oppressed, acknowledges *his/her own pain* and finds *joy* in listening to others. I definitely found joy in listening to the participants' stories, and found compassion in the participatory consciousness in which my relational self came to knowledge by means of care and love (Heshusius 1994:17).

6.3.6 Meaning-making in community

In Chapter Three, I introduced each participant and his/her environment to the reader. When I began with the research, I wondered whether certain factors (such as economic status) might influence elderly people's lives in such a way that it would affect their attitudes towards life and their re-authoring of their life stories. After I had spoken to the participants I could say, that the factors I had thought might influence their attitudes and experiences did not do so. The life stories I witnessed were constructed by the elderly according to other values than capitalistic ones and they focused on meaning-making in community with others.

The Hiemstras, for example, ascribed much of their lives' meaning and hope to the fact that they look forward to travelling and visiting people as well as their comfortable house and the intimate company of a kindred soul.

The participants in the old age home living in a small room with limited financial means were all positive and thankful for what they had. Hilda finds joy in doing things for other people. She said: "Making other people happy makes me happy." She also delights in small mercies like good eyesight and that God blesses her with His company.

Emma still knits and paints, even with her limited eyesight, and her loss of hearing does not stop her from talking and laughing out loud about stories from the past. Her love for her children and grandchildren is enough to keep her spirit high and add meaning to her life.

Louis also makes the best of what he has and adds meaning to his life by adding meaning to others' lives. He is a "joker and handyman" to everyone who needs one and he is "content with what is available" to him, as Emma said in one of our conversations.

All these participants make meaning with what they have. It was not necessary for them to be "labelled" as useful or economically functional to make meaning of their lives with other people. This raised the question of whether society, our social surroundings, and all of us must review and reconsider our values. What are we running after in our rat race? Money and success and economic value to society – the capitalistic motto of our society – seem to be doubtful measures for a meaningful life. I learned from my aged friends that we must rather make meaning with what we have available to us and with things that do not cost a lot of money, as well as to reconsider the cost of precious time wasted on material issues.

I also learned that how to grow old is something you decide about beforehand. I know people who choose to be cheerful and thankful no matter what their circumstances are, who age with dignity and have a positive attitude, and who are easy to love. The negative discourses around old age can be deconstructed and changed into positive preferred identities.

6.4 DOING THEOLOGY

A person is a relational being. These are the ideas of *umuntu ngumuntu ngabantu*, a Xhosa phrase that means that a person is a person because of other people. It is a view of community that is sharply opposed to all kinds of individualism. It sees community not as a mere collection of individuals, but as people working together, united among themselves even to the very centre of their being (Shutte1994). The essence of *ubuntu* is to know that a person, irrespective of age, colour and creed, is a human being and therefore needs to be respected. It is not about human rights, but about human responsibility, respect and dignity, ethics and caring (Kotzé, Kotzé, Ramantzi, Lebeko, Mafojane, Masondo, Ntshokolosha & Tlhale 2002:60)

To care about each other, to bear one another's burdens and endure one another's failings within a community of faith, doing a little more than only "human maintenance" (Nouwen 1997:46) – that is doing theology. It means answering to our call to be Christ to one another and to others (Matthew 25:31-36). The term theology to us means "doing theology" – that is, not simply seeking to describe who God is or what God wills, but actually being involved alongside God in the world. A contextual theology does not stop with reflecting on the world, but tries to be a part of the process through which the world is transformed (Kretzschmar 1994:15).

6.4.1 Practical involvement – participating in making them visible

Working and living alongside the elderly as I did for almost three years now still does not make me a "knowing" pastoral caretaker. I shall always be in a "not-knowing" (Anderson & Goolishian 1992:29) position, asking about years of wisdom engraved in their lives and stories and invisible to us. By asking, I heard and learned things from them I had always just taken for granted. Because I want to share what I heard, I will discuss some suggestions for pastoral care and counselling relating to transformation and making visible the elderly.

I have heard how important it is for individuals to be in a community of care that helps them to resist and reshape destructive personal and cultural narratives. Without the support and challenge of healing communities, re-membered and reframed narratives are often too fragile and too thin to be sustained when taken into the dominant discourse of culture and, often, family. Relationships of "hard dialogue and deep connection" (Cozad Neuger 2001:239) in a community of real care and transformation are a necessity in order to develop strategies of transformation.

A caring practice is to provide a space within a community of concern/care to demonstrate a caring solidarity that is safe and diverse. In these groups, like the old age home, the voices of care and solidarity stand against domination and invisibility (Cozad Neuger 2001). Another practice that these communities of care provide is the ability to generate counter-stories and narratives that will make those who are marginalised visible. In this we create a stand that can offer effective strategies of resistance (counterstories) and transformation to cultural and personal narratives of harm. According to Bons-Storm (cited in Cozad Neuger 2001:238),

.... living in this world with one's eyes open spells dread and despair. The brokenness of life in all its aspects cannot be ignored. To be faithful one needs stories that go against the grain ... to give a vision of hope. To be faithful one needs to have imagination, to imagine a different order, a new earth ... Hope, trust and faith give people courage to look at themselves and the world critically, honouring the values as ascribed to the Divine in the Christian tradition and living accordingly.

That is why I speak out against the invisibility of the aged, and why I try to bring about change in the community by inviting more people into this transformation process.

6.4.2 Creating a context for conversation

In looking for ways for the elderly to be heard and seen, I used any opportunity I could find. Every Wednesday after a sermon held in the lounge of the retirement home, the minister, the elders and I drink tea with the residents. There I usually start an informal conversation around one of the members, asking about where he/she comes from, his/her children, his/her work and what the other residents present will remember him/her for. Soon others also comment on their life stories that connect with some other person's life story and we have a conversation within a "community of care" as Dixon (1999:232) calls it.

While engaging individuals with their histories, we are also interested in creating contexts in which residents of the retirement home can link their lives. In talking with the residents it has become clear that they often search for meaningful conversation and connection with others. People often say that although they are living alongside many other people, the building seems "full of strangers".

6.4.3 Definitional ceremonies

By making an occasion of each meeting we can create contexts in which residents can get a different glimpse of the people with whom they are living. In creating a context for conversation, questions such as "How do you think an incident like that has affected your life?" or "How is it possible that the memory of that incident is still with you?" might invite links between the past, the present and the future. In this way we try to "thicken" the preferred stories of people's lives, to explore what effects they have in the present, and what effects they might have in the future. On such an occasion one or more of the residents could be asked to bring along their

photographs and memorabilia to show them to the others. Together we can then re-weave their life stories.

Making a ceremony out of each get-together creates a context of visibility within a group which is held in disdain by a more powerful outside society. Meyerhoff (cited in White 2000:69) calls it a "definitional ceremony", a forum of acknowledgement which is available to the people of a community for the purposes of making personal appearances according to their preferred claims about identity.

When cultures are fragmented and in serious disarray, proper audiences may be hard to find. Natural occasions may not be offered and then they must be artificially invented. I have called such performances "Definitional Ceremonies" (after Meyerhoff 1982:105), understanding them to be collective self-definitions specifically intended to proclaim an interpretation to an audience not otherwise available ... Socially marginal people ... with "spoiled identities" regularly seek opportunities to appear before others in the light of their own internally provided interpretation.

(White 2000:69)

The common themes of conversation we share at these "special occasions" involve asking about the highlights of their lives, and what they are looking forward to.

Andrews (2001:256) found that most older people look forward to calls from people, mostly their grandchildren, or to visits from regular callers. These things become part of a regular schedule and if this event does not take place, it is devastating to the aged person, for it is a primary ritual that marks his/her life – like our sermon on a Wednesday morning at 10 o'clock and the tea afterwards. Simply creating a regular ritual of connection can make a real difference to people's lives when they have lost other markers of orientation. One must remember that these people spend all day, every day, within walls that broadcast messages about who they are, what they do, how they do it, where they have come from and where they are going. Connecting their histories, their achievements and their life stories to their present lives by reflecting it on the walls or beside their beds as markers of orientation can make a difference to their present lives and to the way visitors relate to those who spend their days in these rooms.

A helpful way of making the elderly visible is to document the stories that we witness. These stories can be assembled into a book of life stories with narratives and pictures of the residents and after completion distributed to all the persons in the retirement home. The stories and images in the book then preserve their memories in a very special way. The possibility of a

newsletter which contains the histories of the older members of the church, in the retirement home or those who are still staying in their own houses, is also something by means of which their legacies are kept alive. Instead of being invisible, they can become the stars of the church. None of these are extraordinary acts, but they can change the directions of some people's lives considerably.

6.5 RECOMMENDATIONS

In this section I look at the involvement of the faith community and congregation in making the elderly more visible.

6.5.1 Adding meaning and hope

There are some projects I would like to initiate in our congregation, and in the old age home, to add meaning to elderly people's lives. Hilda and Emma both commented on the fact that they want to work and keep busy in order to feel that they still have a meaning in life.

I intend to organise a get-together in the lounge of the old age home where all the interested residents can come together once a month, or maybe weekly if they wish, where they can all sit and get to know each other better in a group. Together we will be able to act as outsiderwitnesses to the group, offering some relevant information and experience and reflecting on the discussion by responding or adding to some of the things the group members have said, as suggested by Morgan (2000:121-123). The purpose is to engage with their life histories and engage them with each other. Through rituals of meaning and circulating their stories, isolated elderly people will be joined to the people they respect and re-joined with the significant people in their lives through the act of telling their stories (Andrews 2001).

As previously discussed, hope and meaning are very closely related. Meaning is constructed. It is a human contribution to the world, and where there is still meaning, there is also hope. Life can be made meaningful through what we give. A friend of mine, who is not in the same congregation as I am invited me to come to visit her congregation and have a look at the meaning-giving project they have for the elderly. All the elderly people who wish to take part come together and knit teddy bears for underprivileged children and sick children in hospitals.

Once a lot of bears have been manufactured, the bears are taken to an institution and delivered by some of the elderly people in a ceremony where their contributions are mentioned and honoured. How wonderful to be made visible in this way and also to mean something to someone, to add meaning and hope to a long life, to participate in caring solidarity for as long as possible!

6.5.2 The faith community

Many people experience the world as a lonely, threatening place. They are alienated from it and one another; they are marginalised; they are unsure about whether there is any purpose to their existence; they experience grief, worry and uncertainty. Religious believers need to engage in social analysis in order to bring about transformation to the system that marginalises, instead of just keeping on doing social welfare.

The faith community need to be motivated to move out of their comfort zones and also empower others. The churches must stand alongside people to empower them and to give them back their voices. God's work of salvation is not to be restricted to a heavenly future only, but also to the here and now. As our Creator, Lord, Saviour, Mother, Father and Friend, God seeks to engage us in the task of the restoration and recreation of the fallen and broken world in which we live.

(Kretzschmar 1994:21)

Borrowing from narrative theology, Hauerwas (1983) sees the church as constituted by a particular narrative or "story". The most important part of the story is the life of Jesus of Nazareth and the church is a community of people who share a collective memory of that history. The entry of individuals into church membership can be described as the joining of our individual stories to the ongoing story of God and His people. It is therefore the task of the church to be the community that is able to read the signs of the times and to recognise God at work in the world.

By working and living alongside the elderly, the congregation could learn how to create space for the specific needs of elderly people – for example, walking slowly when walking with them, speaking loudly enough for impaired ears to hear, practising special patience, making time to talk less and listening a lot and putting in a special effort to understand them and pay attention to them. To keep them in contact with the Word of God, sermons can be preached in other

places than the church building, because they cannot always get to a church, due to limited mobility.

The church is also a vehicle to promote values (in this case, respect towards the elderly). In this regard I question myself as a member of the faith community: What have the church and faith community done recently to make the elderly more visible? How often do we hear the voices of older adults speaking out at church meetings? Do we construct or deconstruct discourses around ageism and ableism? What do we do to support elderly people struggling against depression, anxiety, abuse, exhaustion and frustration? Are we bringing abandoned elderly people back into our faith community?

6.5.3 Agents in the mending of God's creation

By sharing the information I collected through my conversations with the elderly, I tended to recruit the people I addressed at three meetings as agents to assist in the mending of God's creation.

The minister at our church has already agreed to institute an annual "day for the elderly" where the seniors in our congregation will be honoured. This will be done in different ways: by challenging ageism in a sermon and by making the elderly visible. On the same day, a function will be held in their honour where they will be "re-membered" as members of the community.

The adolescents and the elderly population share many needs and characteristics. The potential for using these two generations to meet each other's needs is considerable. In California, a project called Foster Grandparents was established in which older adults establish ongoing relationships with non-related young people. Another project, Project LINC, seeks to use the skills and needs of each generation to meet the needs of the other. Cut off from productive work and community involvement, both these youths and the elderly may experience alienation and dissatisfaction, and these feelings may be exacerbated by negative social stereotypes that portray them as unproductive members of society (Cherry, Benest, Gates & White 1985:126). I wondered about the possibility of establishing a similar group in our congregation or school. Two groups can actually be put to work to provide socially meaningful roles for each other; the youths can serve older adults in need, and senior citizens can work with youths in need.

The school that one of my children attends identifies a charity project each year involving aid to one or more of the marginalised divisions of our community. I spoke to the teacher concerned with the project and she thought it a good idea to centralise the elderly in the next project. She agreed that the elderly and the children had the following in common: " ... as the one is not yet within the mainstream of adult society and the other is inexorably slipping beyond. Each needs affirmation, assurance that they are loved, cared for and valued" (Buxbaum 2001:69). A plan was developed to establish caring solidarity between young and old – all as agents mending God's creation.

6.6 A CHALLENGE FOR PRACTICAL THEOLOGY

As a community of anamnesis and remembering, the church is challenged to remember/remember as an act of caring. Although in the history of the church there have been many theological debates about the "remembering" involved in the eucharistic celebration, the central meaning of anamnesis is not simply memory of a past event. It is the re-presenting of something that is not absent, but alive and active in the present. The kind of remembering involved in the eucharistic liturgy binds past, present and future together (Patton 1993:30). Paul touched on the pastoral dimension of this by writing to the Philippians: "I thank my God every time I remember you" (Phil. 1:3).

As a post-modern therapist I committed myself to the transition "from being right to doing right" (Rossouw 1993:903) – a motto that changed my outlook, not only on many things like judgement, involvement and praxis, but also the theology I grew up with. As was the case with myself during this research, I would like to challenge practical theology also to start concentrating on being sensitive to people's suffering in general, but especially to the real consequences of theological discourses.

To "remember" in contexts that change means always changing truths and understandings and introducing a new church culture and new models of preaching to enlighten practical theology.

I hope that this study will be an inspiration to people who love old people and who will someday be old too, to take part in the "restoration and recreation of a fallen and broken world" (Kretzschmar 1994:21) by hearing and remembering our senior adults and making them visible.

BIBLIOGRAPHY

- Ackermann, D. 1996. Engaging freedom: a contextual feminist theology of praxis. *Journal of Theology for South Africa*, 94:32-49.
- Andersen, T. 1993. See, hear and be seen and heard. In Friedman, S. (ed.). *The reflecting team in action. Collaborative practice in family therapy*, 331-352. New York: Guilford.
- Anderson, H. & Goolishian, H. 1988. Human systems as linguistic systems: Evolving ideas about the implications for theory and practice. *Family Process*, 27(4):371-393.
- Anderson ,H. & Goolishian, H. 1992. The client is the expert: a not-knowing approach to therapy. In McNamee , S. & Gergen, K. J. (eds). *Therapy as social construction*, 25-39. London: Sage.
- Andrews, J. 2001. The elder project: witnessing lives. *Working with the stories of women's lives*. Adelaide: Dulwich Centre Publications.
- Ballard, K. (ed.) 1994. *Disability, family, whanau and society*. Palmerston North: Dunmore Press.
- Bird, J. 2000. *The heart's narrative. Therapy and navigating life's contradictions*. Auckland: Edge Press.
- Bosch, D. J. 1991. *Transforming Mission: Paradigm shifts in theology of mission.* New York: Orbis Books.
- Botha, A. 1998. Pastoral therapy and extra-marital affairs: A narrative approach. University of South Africa, Pretoria.
- Brueggeman, W. 1993. *Texts under negotiation: the Bible and postmodern negotiations*. Minneapolis: Fortress Press.
- Burr, V. 1995. *An introduction to social constructionism*. London: Routledge.
- Burstow, B. 1992. *Radical feminist therapy: working in the context of violence*. Newbury Park, California: Sage.
- Buxbaum, R. E. 2001. Communication with older people: Part 1 Looking within. *Journal of Religious Gerontology*, 2 (2):69-77.
- Cherry, D. L., Benest, F. R., Gates, B. & White, J. 1985. Intergenerational service programs: meeting shared needs of young and old. *The Gerontologist*, 25 (2):126-129.
- Childress, J. F. 1984. Ensuring care, respect, and fairness for the elderly. *The Hastings Center Report*: October.
- Clandinin, D.J. & Conelly, F.M. 1994. Personal experience methods. In Denzin, N.K. & Lincoln, Y.S. (eds). *Handbook of qualitative research*, 413-427. London: Sage.

- Cochrane, J. R., De Gruchy, J. W. & Petersen, R. 1991. *In word and in deed: Towards a practical theology of social transformation.* Pietermaritzburg: Cluster Publications.
- Cox, C. 1996. The importance of life-story in pastoral care. *Restoration Quarterly*, 38 (2):109-120.
- Cozad Neuger, C. 2001. *Counseling women: a narrative, pastoral approach.* Minneapolis: Fortress Press.
- Davies, B. & Harré, R. 1991. Positioning: The discursive production of selves. *Journal for the Theory of Social Behaviour*, 20 (1), 43-63.
- De Jongh van Arkel, J. T. 2000. Caring for all: Exploring the field of pastoral work. Pretoria: University of South Africa.
- Denzin, N. K. 1994. Introduction: Entering the field of qualitative research. In Denzin, N. K. & Lincoln, Y.S. (eds). *Handbook of qualitative research, 1-18.* London: Sage.
- Denzin, N. K. & Lincoln, Y. S. (eds). 1994. *Handbook of qualitative research*. London: Sage.
- Derrida. J. 1978. Writing and difference. London: Routledge and Kegan Paul.
- Dixon, G. 1999. Narrative, journaling, therapy and abuse: Co-searching some women's lives. University of Otago, Dunedin.
- Du Plessis, P. G. 1971. Siener in die suburbs. Kaapstad: Tafelberg.
- Eliason, G. 2000. Spirituality and counseling of the older adult. In Tomer, A. (ed.). *Death attitudes and the older adult: theories, concepts and applications*. 241-251. Philadelphia: Brunner-Routledge.
- Epston, D. 2002. Putting the narrative into narrative therapy workshop. Pretoria.
- Erikson, E. H. 1963. *Childhood and society*. New York: Norton.
- Flaskas, C. & Humphreys, C. 1993. Theorizing about power: intersecting the ideas of Foucault with the problem of power. *Family Process*, 32(1): 35-48.
- Foucault, M. 1977. The political function of the intellectual. *Radical Philosophy*, 17:14.
- Foucault, M. 1978. *The history of sexuality*. New York: Vintage.
- Foucault, M. 1979. Truth and power. In Meaghan Morris, M. & Paul Patton, P. (eds). *Michel Foucault: Power, truth, strategy*, 29-48. Sydney: Feral Publications.
- Foucault, M. 1980. *Power/Knowledge*. Brighton: Harvester.
- Foucault, M. 1982. The subject and power. In Dreyfuss, H. L. & Rabinow, P. (eds). *Michel Foucault: Beyond structuralism and hermeneutics*, 208-226. Chicago: University of Chicago Press.

- Frank, A.W 1995. *The wounded storyteller: Body, illness and ethics*. Chicago: University of Chicago Press.
- Franklin, B. 1997. Making sense: interviewing and narrative representation. In Gergen, M. & Davis, N. (eds). *Toward a psychology of gender*, 99-116. London: Routledge.
- Freedman, J. & Combs, G. 1996. *Narrative therapy: the social construction of preferred realities*. London: Norton.
- Gee, J. 1991. Social linguistics and literacies: ideologies in discourses. London: Falmer Press.
- Gergen, K. J. 1985. The social constructionist movement in modern psychology. *American Psychologist*, 40 (3): 266-275.
- Gelder, A. 1996. Community In Isherwood, L. & McEwan, D. (eds). *An A to Z of feminist theology*, 31-33. Sheffield: Sheffield Academic Press.
- Gergen, K. 2000. Writing as a relationship. Draft copy of a paper to be published in *Social structures and ageing*. Schaie. From Internet http://www.swathmore.edu/SocSci/kgergen.html
- Gergen, M. & Davis, N. 1997. *Toward a new psychology of gender.* London: Routledge.
- Gerkin, C. V. 1984. *The living human document.* Nashville: Abingdon Press.
- Gerkin, C. V. 1991. *Prophetic pastoral practice: a Christian vision of life together*. Nashville: Abingdon Press.
- Glaz, M. 2000. On becoming an ancestor: continuity and change at the end of life. In Stevenson-Moessner, J. (ed.). *In her own time.* Minneapolis: Fortress Press.
- Graham, E. L. 1996a. *Transforming practice. Pastoral theology in an age of uncertainty.* London: Mowbray.
- Graham, E. L. 1996b. A view from a room: feminist practical theology from academy, kitchen or sanctuary. In Ackerman, D. & Bons-Storm, R. (eds). *Liberating faith practices: feminist practical theologies in context, 129-152.* Leuven: Peters.
- Grobbelaar, R.2001a. A research proposal. In Kotzé, E. & Kotzé, D. (eds). *Telling Narratives*, 163-184. Spellbound edition . Pretoria: Ethics Alive.
- Grobbelaar, R. 2001b. Care not cure. In Kotzé, E & Kotzé, D.(eds). *Telling Narratives*, 81-98. Spellbound Edition. Pretoria: Ethics Alive.
- Grobbelaar, R. 2002. Stories of mothers with differently abled children. Pretoria:University of South Africa.
- Gusaroff, E. Denial of death and sexuality in the treatment of elderly patients. *Psychoanalysis and psychotherapy*,15 (1): 77-91.

- Habermas, J. 1988. *Nachmetaphysisches Denken. Philosophische Aufsatze.* Frankfurt: Suhrkamp.
- Harrington, M. 2001. The stories women tell: living with cancer and care. Pretoria:University of South Africa.
- Hauerwas, S. 1983. *The peaceable kingdom: a primer in Christian ethics.* Notre Dame: University of Notre Dame Press.
- Heitink, G. 1993. *Practical theology: history; theory; action domains*. Cambridge, Massachusetts: Eerdmans.
- Heshusius, L 1994. Freeing ourselves from objectivity: managing subjectivity or turning towards a participatory consciousness? *Educational Researcher*, 23 (3):15-22.
- Hogan, L.1996. Relationality. In Isherwood, L. & McEwan, D. (eds). *An A to Z of feminist theology*, 202-203. Sheffield: Sheffield Academic Press.
- Isherwood, L. & McEwan, D. 1993. *Introducing feminist theology*. Sheffield: Sheffield Academic Press.
- Jennings, L. E. & Graham, A. P. 1996. Exposing discourses through action research. In Zuber-Skerrit, O. (ed.). *New directions in action research, 165-181.* London: The Falmer Press.
- Kekes, J.1986. The informed will and meaning of life. *Philosophy and Phenomenological Research*, 47:75-90.
- Kincheloe, J. L. & McLaren, P. L. 1994. Rethinking critical theory and qualitative research. In Denzin, N. K. & Lincoln, Y. S. (eds). *Handbook of qualitative research*, 138-157. London: Sage.
- Kotzé, D. 2001. Reflective summary on Graham, E. L. 1996. *Transforming practice. Pastoral theology in an age of uncertainty.* London:Mowbray.
- Kotzé, E. & Kotzé, D. (eds). 2001. *Telling narratives*. Spellbound Edition. Pretoria: Ethics Alive.
- Kotzé, E., Kotzé, D., Ramantzi, L.,Lebeko, C., Mafojane, S., Masondo, E., Ntshokolosha, V., & Tlhale, M. Ubuntu: caring for people and community in South Africa. *International Journal of Narrative Therapy and Community Work*, 1:60-64.
- Kretzschmar, L. 1994. Ethics in a theological context. In Villa-Vicencio, C. & De Gruchy, J. (eds). *Doing ethics in context: South African perspectives*,2-23. Cape Town: The Rustica Press.
- Lantz, J, & Lantz, J. 1988. Meaning, tragedy and logotherapy with the elderly. *Journal of Religion and Aging*, 5:43-51.
- Lather, P. 1991. *Getting smart: feminist research and pedagogy with/in the postmodern.* New York: Routledge.

- Lawrence, G. T. 1994. Medical Ethics. In Villa-Vicencio, C. & De Gruchy, J. (eds). *Doing ethics in context: South African perspectives*, 162-165. Cape Town: Rustica Press.
- Le Roux, K. 1999. The realisation of meaning in old age. *Educare*, 28 (1 & 2):121-135.
- Lipp, J. 1991. Living with HIV and AIDS. *Dulwich Centre Newsletter*, 2:5-15.
- Lowe, R. 1991. Postmodern themes and therapeutic practices: Notes towards the definition of Family Therapy: Part 2. *Dulwich Centre Newsletter* 3:41-52.
- Madigan, S. 1996. The politics of identity: considering community in the externalising of internalised problem discourses. *Journal of Systemic Therapies*, (15): 47-61.
- Magee, J. J. 1992. Empowering themselves: A spiritual path for shame bound older adults. *Journal of Religious Gerontology*, 8(4):17-25.
- McDowell, E. E. 1997. Death's challenges from the perspective of three generations of elderly. Journal of Long-Term Home Health Care, 16(3):4-14.
- McTaggart, R. 1997. Guiding principles for participatory action research. In McTaggart, R. (ed.). *Participatory action research: International contexts and consequences*, 25-43. Albany: State University of New York.
- Meyerhoff, B. 1982. Life history among the elderly: performance, visibility and remembering. In Ruby, J. (ed.). *A crack in the mirror: reflexive perspectives in anthropology.*Philadelphia: University of Pennsylvania Press.
- Meyerhoff, B. 1986. Life not death in Venice: Its second life. In Turner, V. W. & Bruner, E. M. (eds.). *The Anthropology of experience*, 261-286. Urbana and Chicago: University of Illinois Press.
- Mgwane, Z. 1994. Ethics in liberation theology. In Villa-Vicencio, C. & De Gruchy, J. (eds). *Doing ethics in context: South African perspectives*, 114-124. Cape Town: Rustica Press.
- Miller, P. 1987. *Domination and power*. London: Routledge and Kegan Paul.
- Morgan, A. 2000. What is narrative therapy? An easy- to- read introduction. Adelaide: Dulwich Centre Publications.
- Nouwen, H. J. M. 1997. Adam, God's beloved. London: Routledge.
- Olesen, V. 1994. Feminism and models of qualitative research. In Denzin, N. K. & Lincoln, Y. S. (eds). *Handbook of qualitative research, 158-174.* London: Sage.
- Pattison, S. 1994. *Pastoral care and liberation theology*. Cambridge: Cambridge University Press.
- Patton, J. 1993. *Pastoral care in context: An introduction to pastoral care*. Louisville: Westminster/John Knox Press.

- Poling, J. N. 1996. *Deliver us from evil. Resisting racial and gender oppression.* Minneapolis: Fortress Press.
- Ranallo, A. 2001. Reflection. In Dulwich Centre Publications (comp.). *Working with the stories of women's lives*, 269-272. Adelaide: Dulwich Centre Publications.
- Randall, R. I.1986. Reminiscing in the elderly: pastoral care of self narratives. *The Journal of Pastoral Care*, Vol.XI, 3:207-215.
- Reinharz, S. 1992. Feminist methods in social research. New York: Oxford University Press.
- Rossouw, G. J. 1993. Theology in a postmodern culture: ten challenges. *Hervormde Teologiese Studies*, 49 (4):894-907.
- Rothwell, H. 1994. The wisdom of the aged. SALUS 17(1): 20-21.
- SABC (South African Broadcasting Corporation) 2002. Top Billing. April.
- Sampson, E. E. 1989. The deconstruction of the self. In Shotter, J. & Gergen, K. J. (eds). *Texts of identity*, 1-19. London:Sage.
- Scheib, K. D. 2000. Older widows: surviving, thriving, and reinventing one's life. In Stevenson-Moessner, J. *In her own time: women and developmental issues in pastoral care*, 251-265. Minneapolis: Fortress Press.
- Shutte, A. 1994. Philosophical ethics in Villa-Vicencio, C. & De Gruchy, J. (eds). *Doing ethics in context: South African perspectives*, 24-35. Cape Town: Rustica Press.
- Sevenhuijsen, S. 1998. *Citizenship and the ethics of care. Feminist consideration on justice, morality and politics.* Translated by Liz Savage from Dutch manuscript. New York: Routledge.
- Shalif, Y. 1999. Reflections on a Jewish journey. *Narrative Therapy and Community Work: A conference collection*, 178-189. Adelaide: Dulwich Centre Publications.
- Sneed, J. R. & Whitbourne, S. 2001. Identity processing styles and the need for self esteem in middle-aged and older adults. *Aging and Human Development*, 52 (4) 311-321.
- Solle, D. 1975. *Political theology*. Philadelphia: Fortress Press.
- Stevenson-Moessner, J. (ed.) 2000. *In her own time: women and developmental issues in pastoral care.* Minneapolis: Fortress Press.
- Tomer, A. 2000. *Death attitudes and the older adult: theories*, concepts and applications. Philadelphia: Brunner-Routledge.
- Turner, V. & Bruner, M. 1986. *The anthropology of experience*. Chicago: University of Illinois Press.

- Walmsley, J. 1995. Life history interviews with people with learning disabilities. *Oral History*, 23(3):71-77.
- Wang, T. Y. 1999. Resistance and old age: the subject behind the American seniors' movement. In Chambon A. S., Irving A. & Epstein L. (eds). *Reading Foucault for social work*, 189-216. New York: Columbia University Press.
- Weingarten, K. 1994. *The mother's voice*. New York: Harcourt Brace & Company.
- Weingarten, K. 1995. Radical listening: Challenging cultural beliefs for and about mothers in Weingarten, K. (ed.). *Cultural resistance: challenging beliefs about men, women and therapy*, 7-22. New York: Harrington Park Press.
- Weingarten, K. 2000. The discourse of daily life: Intimacy and the politics of hope. Paper presented at workshop of the Institute for Therapeutic Development, Pretoria at 13 April 2000.
- Weingarten, K. 2001. Making sense of illness narratives: braiding theory, practice and the embodied life. In Dulwich Centre Publications (comp.). *Working with the stories of women's lives*, 111-126. Adelaide: Dulwich Centre Publications.
- Weingarten, K. 2002. Witnessing, wonder and hope. Paper presented at workshop of the Institute of Therapeutic Development, Pretoria, 19 20 February.
- Welch, S. D. 1990. *A feminist ethic of risk*. Minneapolis: Fortress Press.
- Whitbourne, S.K. 1986. *The me I know: a study of adult identity.* New York: Springer.
- White, M. 1991. Deconstruction and therapy. *Dulwich Centre Newsletter*, (3):21-40.
- White, M. 1992. Deconstruction and therapy, In Epston, D. & White, M.(eds). *Experience, contradiction, narrative and imagination*, 109-151. Adelaide: Dulwich Centre.
- White, M. 1995. *Re-authoring lives: Interviews and essays*. Adelaide: Dulwich Centre Publications.
- White, M. 1997. *Narratives of therapists' lives*. Adelaide: Dulwich Centre Publications.
- White, M. 2000. *Reflections on narrative practice: essays and interviews*. Adelaide: Dulwich Centre Publications.
- White, M. & Epston, D. 1990. *Narrative means to therapeutic ends*. New York: Norton.
- Winter, R. 1996. Some principles and procedures for the conduct of action research. In Zuber-Skerrit, O. (ed.). *New directions in action research*, 13-27. London: The Falmer Press.
- Wong, T.P. 2000. Meaning of Life and Meaning of Death in successful Aging. In Tomer, A.(ed.). *Death Attitudes and the Older Adult: Theories, concepts and applications.* 23-36. Philadelphia: Brunner Routledge.

- Woods, R. T. 1996. *Handbook of the clinical psychology of ageing*. London: John Wiley & Sons.
- Woods, R. T. & Britton, P. G. 1985. *Clinical psychology with the elderly*. London & Sydney: Croom Helm.
- Wylie, M. S. 1994: Panning for gold. *Networker*, 18(6): 40-48.
- Zuber-Skerrit, O. (ed.). 1996. New directions in action research. London: The Falmer Press.